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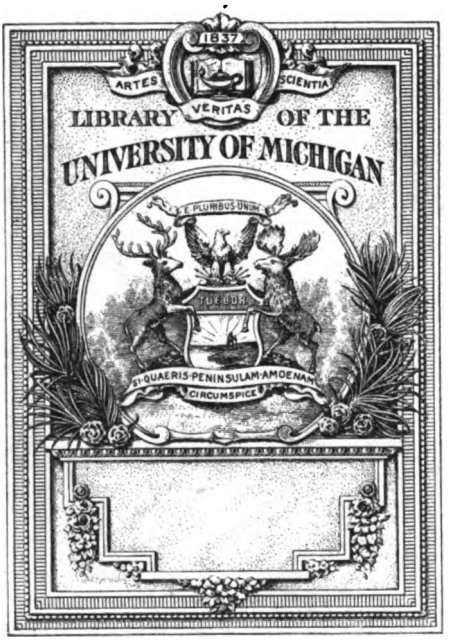

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THE MEDICAL BULLETIN.

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THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

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Clinical Lectures.

MOVABLE KIDNEY.[1]

BY W. EASTERLY ASHTON, M.D.,

Professor of Gynæcology in the Medico-Chirurgical College of Philadelphia.

THE importance of movable kidneys occurring in women is frequently overlooked, not only by the general practitioner, but also by the specialist, and patients suffering from many forms of gastro-intestinal disturbances and general nervousness are often treated for a long time without benefit, owing to the fact that a dislocated kidney is the unrecognized cause of the symptoms. The necessity, therefore, of a careful, painstaking, physical examination of the position of the kidneys is obvious, and should be a routine practice.

I shall dwell more particularly, this morning, upon the symptoms and diagnosis of movable kidney, leaving the operation on our patient until our next meeting.

The subjective symptoms of a movable kidney are grouped as follows: 1. The gastro-intestinal disturbances. 2. Neurasthenia. 3. The abdominal symptoms. 4. The urinary symptoms. 5. The uterine and pelvic symptoms.

Gastro-intestinal disturbances are, by far, the most constant phenomena. Dyspepsia is frequent, and is often associated with nausea and vomiting. Constipation, with flatulence, is, at times, a distressing symptom. In some instances patients suffer with intestinal catarrh.

Neurasthenia, next to the gastro-intestinal disturbances, is a most important and constant manifestation of a movable kidney. The symptoms are naturally varied, and there is nothing characteristic in their grouping to indicate the cause.

The motor symptoms, as a rule, are marked, and, apart from the distress in the abdomen caused by the dragging of the kidney, patients are unable to take active exercise, on account of loss of muscular strength.

The sensory phenomena are constant, but vary, both as to the character and severity of the symptoms. Most patients complain of a tired feeling and an utter lack of desire to exert themselves. Less frequently patients complain of a dull aching pain in the back and thighs, or they may suffer from headache, vertigo, or numbness of the lower extremities. An increase in the frequency of the heart-beat is a more or less constant symptom, but attacks of cardiac palpitation, however, are rare.

The abdominal symptoms are more or less constant. Occasionally patients complain of abdominal distress when lying upon the side opposite to that of the dis-

[1] A clinical lecture delivered at the Medico-Chirurgical Hospital.

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placed kidney. This symptom is not common. More constant, however, is the dragging sensation which is felt in the loins and the abdominal cavity when the patient is in the erect position or after taking a long walk or active exercise. In some cases patients suffer from pain in the epigastric region. The pain is situated to the left of the median line. This symptom, in my experience, is not so common as other observers have noted.

If the displaced kidney is freely movable, it may be recognized by the patient as a swelling in the abdomen. This is especially true if the kidney is sensitive.

The urinary symptoms are rare as a complication of movable kidney. They are caused, when present, by the twisting of the pedicle, producing an acute hydronephrosis. The hydronephrosis is usually intermittent in character, and at times the local and constitutional symptoms may be very severe and alarming.

The uterine and pelvic symptoms dependent upon a movable kidney are very rare. These may manifest themselves in the form of dysmenorrhœa, menorrhagia, miscarriage, and vesical irritability.

The diagnosis of a movable kidney is, as a rule, easily made. The examiner must have an exact knowledge of the normal situation of the kidneys and the manipulative dexterity to properly palpate the abdomen. Mistakes in diagnosis are frequently made and movable kidneys unrecognized on account of the examination being roughly and improperly made. The palpation must be made with a light touch, otherwise a displaced kidney may slip back into its normal position without being recognized. Doubtful cases would not exist, except in very rare instances, and repeated examinations made necessary if palpation is properly made with the patient in the correct position.

One word with reference to the use of an anæsthetic. Always etherize the patient if the diagnosis is uncertain. It sometimes happens that, owing to the nervous condition of the patient, there is not sufficient relaxation of the abdominal walls. Again, the kidney may be so sensitive that palpation is impossible. I saw two cases of this character within the last two weeks, and in both the false capsule was found to be firmly adherent to the kidney at the time of operation.

To examine the position of the kidneys the patient must be placed in one of the following positions: 1. The dorsal recumbent. 2. The Sims, or lateral, position. 3. The erect position. 4. The sitting position.

In the dorsal recumbent posture the patient lies upon the back with the legs drawn up and the thighs flexed. The abdominal muscles are thus relaxed and deep palpation made possible. The surgeon stands at the side of the patient with one hand placed under the lumbar region, while the fingers of the other hand palpate the front and side of the abdomen below the costal margin. By using pressure above and counter-pressure below the mobility of the kidney is recognized.

In the lateral, or Sims, posture the patient is placed upon the side opposite to that of the kindney to be examined. The surgeon stands in front of the patient with one hand over the lumbar region, while the fingers of the other hand make counter-pressure anteriorly below the costal margin. This posture causes the kidney, if movable, to fall forward, when it is easily recognized by the examining fingers.

In the erect posture the patient must stand about one foot and a half from the side of a table, with the body inclined forward and the hands resting upon the edge of the table. The lower extremities must be at right angles with the floor, and the body inclined forward from the hip-joints, and not by bending the spine. The surgeon stands behind the patient. The examination is made with one hand by placing the thumb over the lumbar region

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while the fingers press anteriorly below the costal margin. If two hands are used in making the examination the surgeon stands at the side of the patient.

In the sitting posture the patient sits upon the edge of a chair, with the body bent forward and the hands resting upon the knees. The surgeon sits on a chair at the side of the patient. The examination is made by placing one hand over the lumbar region, while the other hand presses anteriorly below the costal margin. The sitting posture is a modification of the erect position, but has no advantages over it. On the other hand, the abdomen is not so well relaxed, and the space between the costal margin and the ilium is apt to be lessened unless the patient is very careful not to bend the spine.

In routine practice always use first the dorsal recumbent posture. It is more convenient for the patient, and, in the vast majority of cases, the diagnosis is easily made in that position. It must, however, be remembered that it is the only position of those which I have shown you where gravity does not aid in displacing the kidney if it is movable. Frequently a movable kidney slips into place when the patient assumes the recumbent position, and the condition is therefore overlooked unless the kidney is forced out of place again by instructing the patient to cough or bear down.

If no mobility of the kidney is discovered with the patient in the dorsal position, then the lateral posture must be made use of; and, finally, if necessary to clear up the diagnosis, the erect position must be employed. In the erect posture it is impossible for a movable kidney to escape detection, as it must fall forward and downward when the patient stands in the correct position. Mistakes are frequently made by relying upon the dorsal recumbent position, for the reason that the kidney may return unnoticed to its normal situation. This, however, cannot occur with the patient in the erect position, as the kidney is displaced downward.

Percussion over the lumbar region is of no value as a physical sign of a movable kidney. Although some observers claim to be able, at times, to elicit changes over the lumbar region in cases of misplaced kidney, I have never yet been able to distinguish any difference in the percussion-note.

Inspection is only of value when the abdominal walls are thin and the kidney freely movable. Under these circumstances the outlines of the kidney may be seen when the structures are crowded forward by strong pressure over the lumbar region. A depression in the lumbar region is never seen as the result of a displaced kidney.

POST-TYPHOID MYELITIS—GREAT IMPROVEMENT.

By F. Savary Pearce, M.D.,
Clinical Professor of Nervous Diseases in the Medico-Chirurgical Hospital of Philadelphia.

The following case is here recorded in evidence of the great improvement that may occur in organic disease of the spinal cord under proper treatment. The rather usual medical by-word "nothing can be done" is, in the clinical history of this case, pretty well annulled. I wish here to enter humble protest against the sweeping statement, so frequently made, that very little can be done for cases of chronic disease of the central nervous system, especially in sclerotic affections of the spinal cord. We are too optimistic, I think, in taking this ground. I have constantly had to uphold the aforesaid facts among *internes* at hospitals, who, in knowing the pathological conditions existent in a given case of sclerosis of the spinal cord, almost intuitively remark, "but you can do very little for the benefit of the patient"; they fail to see or weigh the truth that a sclerosis anywhere,—as of the liver or kidney,—

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coming under general medicine cannot be much bettered in the pathological state *per se,* although the medical man gives great relief in the majority of these somatic diseases. From the fact, too, that sclerosis of the spinal cord is a very insidious disease and frequently follows inflammatory conditions, we can hope, in the very nature of things, to relieve the patient by proper guidance during the progression or regression of the malady.

The following instructive case tells its own story:—

J. D., single, white, aged 22, reporting to the Nervous Dispensary of the Medico-Chirurgical College in April, 1899, giving the following personal history, the family history being entirely negative: He had not had specific disease, and had always been a robust individual of rather sanguineous temperament. Five years previously he had had erysipelas and four years previous to his reporting he had suffered from a severe attack of pleurisy. Since this latter ailment he says he had become susceptible to "catching cold." In June, 1898, we dated the onset of his present neurological condition. At that time, he was taken with a severe septic typhoid fever, wasting over eight weeks, and during the acme of the disease he was delirious for twenty-one days. His convalescence from the typhoid was very slow; and, as stated, the present malady seems to be pretty positively a sequel of the enteric fever, for he has never been well since the attack. The first symptom of the present disease was of continued and increasing feebleness, more marked in the left lower extremity. Although he had begun to work in December, 1898, he was able to continue at his employment but two months. By this time a continued numbness existent in the left leg with the palsy noted began also to trouble him in the right lower extremity, beginning first in the foot and extending in segmental fashion as high up as the knee. Then in the left limb the paræsthesia began to ascend. With this there was general hyperæsthesia in both lower limbs, but no nerve-trunk tenderness. The paræsthesia at the end of the month had ascended as high as the umbilicus; with this, the man absolutely lost the power of his lower extremities and became bedridden, with all the clinical symptoms of transverse myelitis. Later the patient was referred by Dr. Burr to the clinic of Dr. S. Weir Mitchell, at the Infirmary of Nervous Diseases, where the diagnosis was confirmed and "rest" treatment advised. This treatment was carried out at the Howard Hospital, where he remained two and a half months. It was my privilege to study this case at both of the last-named institutions and to watch the progress of the disease. He was in a most pitiable condition in April, 1899, as I will describe. At that time examination revealed the following facts: The lower extremities were tremendously spastic, ankle-clonus being as marked and persistent as I have ever seen; there was obtunding of sensation in the lower extremities (hypæsthesia). There was reaction of degeneration present; the man complained of feeling a "band" about his body, which had grown worse in the previous month; there was weakness of the vesical and rectal sphincters; his gait was asymmetrically spastic, being worse on the right side, and he could just about hobble along on a plane surface with the aid of crutches. He could scarcely mount a single step. The station was bad, and extremely so when the eyes were closed (Romberg symptom), although there were no eye-symptoms. The pupils reacted normally, and disks were normal. The clinical picture as to inco-ordination presented that of a spastic ataxic paraplegia; the contralateral adductor thigh-reflex was present on both sides; there was no local wasting of the extremities; there was no evidence of spondylitis or of kyphosis to account for the spinal symptom as possibly

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being due to pressure; there was no alteration of the thermal sense. His tongue was protruded straight, was not tremulous, and was not wasted. There were no bulbar signs. The heart and lungs were normal, as was the urine, save for excessive phosphates. This man was given rest-treatment as stated, his back was "ironed" ten minutes daily, and limbs rubbed with the following stimulating lotion:—

℞ Chloroform, 1/2 ounce.
Tincture of iodine, 1/2 ounce.
Soap liniment, q. s.

He was placed on liquor arsenii et hydrargyri iodidi, gtt. 3 *t. i. d.*, increasing 1 drop daily until 10 drops were taken. He was also given static electricity to the spine thrice weekly. When the man was discharged from the hospital in July, 1899, he was naturally much discouraged, still having to use the crutches, as it was with great difficulty he could mount steps with their aid, although the "band" about the waist, the paræsthesia, and the subjective sense of "drawing" in the lower extremities had largely disappeared. The man, with it all, was sadly discouraged. I advised him to go to the country and to continue gymnastics in education of the ataxic inco-ordination of the lower extremities, expressing a possibility of a hopeful issue through time and these measures. On November 19, 1900, it was a rare pleasure to see this man walk into my clinic at the Medico-Chirurgical College looking well and walking with mild support on a cane and without any appreciable spastic gait whatever, with no ataxia discernible, although there was still increase of knee-jerks and slight attempt at clonus, the sphincters being normal. The man looked in perfect health otherwise, and did not complain of any other disability.

The foregoing case is one of the most instructive I have ever seen, as showing myelitis following typhoid fever: an unusual condition. That such extreme spastic states recover is demonstrated here. That there is also a secondary sclerosis of slight extent diffused through the lumbar cord cannot be denied. The absorption of this inflammatory exudate is, no doubt, the cause of the great improvement. It must be, however, that the recovery of co-ordination is due, in large part, to the vicarious action of the nerve-fibres which have not been affected by the disease in question: a secondary sclerosis.

1407 Locust Street.

Original Communications.

HISTORY OF TYPHOID FEVER, WITH STATISTICS.[1]

By James M. Anders, M.D., Ph.D., LL.D.,
Professor of Theory and Practice of Medicine and Clinical Medicine in the Medico-Chirurgical College of Philadelphia, etc.

Historic Summary.

The earliest distinctions between typhoid and typhus fevers were made by J. V. Hildenbrand, of Germany, in 1810; while John Huxham described a "slow nervous fever" in 1739, which was probably the typhoid of to-day. Both observers, however, regarded these conditions as varieties of typhus rather than a separate disease. In 1813 Pierre Brentonneau, of Tours, gave an accurate description of typhoid fever, which he termed "*dothienenterite.*" The disease was also designated "*fièvre enter mesenterique*" by Petit and Serres. Louis gave to it the name it now bears (typhoid fever), his investigations having been the first to elucidate clearly this disease. In 1829 Louis published his famous work, at which time he was also engaged in teaching young men from every quarter of the globe; and it was here that William W. Gerhard and C. W. Pennock, of Philadelphia; and

[1] Read before the Pennsylvania State Medical Society at Wilkes-Barre, September 19, 1900.

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James Jackson (Jr.), of Boston, received their early instructions on this, the then-newly-named disease.

In 1835 Peebles, of Glasgow, pointed out characteristics between the eruption of typhus and typhoid fevers, but made no attempt at separating the two diseases.

During the spring and summer of 1836 an epidemic of typhus fever was prevalent in Philadelphia, and it was in the wards of the Philadelphia Hospital that Gerhard and Pennock, students of Louis, made the first careful observations as to the differentiation between typhus and typhoid fevers; and in 1837 a report of their studies appeared in the American Journal of Medical Sciences. In 1838 James Jackson (Sr.), of Boston, and Enoch Hale both contributed valuable papers on their studies of typhoid fever in New England. During the investigations of Gerhard and Pennock Alfred Stillé was *interne* at the Philadelphia Hospital, and received excellent training in both typhus and typhoid fevers. In 1838 Dr. Stillé presented a paper before the "Société médicale d'Observation," of Paris, in which he differentiated between typhus and typhoid. George C. Shattuck, of Boston, contributed a similar paper to the same society, and later made observations in the fever hospital of London, a report of which he made to the Paris society. Shattuck insisted strongly that there existed in England two distinct fevers.

Stewart contributed a paper to the Edinburgh Medical and Surgical Journal for April, 1840, in which he separates these two affections, and in 1842 Elisha Bartlett published his "American Text-book on the Diagnosis and Treatment of Typhus and Typhoid Fevers."

It was not until 1849 that the disease was clearly demonstrated in England, by Sir William Jenner; and at this period definite conclusions had been reached throughout France. The difference between typhus and typhoid, however, was not yet appreciated in Germany, where it became generally recognized a few years later. During the decade from 1850 to 1860 typhoid fever became generally acknowledged as a separate disease throughout Europe; yet the disease was well known in America many years before, as is shown by the papers contributed to European medical societies by American writers.

Typhoid Fever in Military Camps.

Typhoid fever has shown a special predilection for bodies of men in encampment, as in military, mining, or lumbering camps; this is illustrated by the contribution of Surgeon-Captain Davies on "Enteric Fever in Camps."

In January, 1878, during the Galeaka-Gaika War of South Africa several cases of typhoid fever developed in the camps, and by May, it is stated, no place in the territory was free from enteric fever. In the Zulu War the troops went in camp at Helpmakaar and at Rorke's Drift in December, 1878, and in February typhoid fever developed. On account of a great number of cases of typhoid fever at Helpmakaar the troops were removed to Utrecht and Dundee; but typhoid fever appeared epidemically at both new camps. In the Afghan War of 1878 to 1880 cases of typhoid fever occurred in nearly every camp of European troops. In the Egyptian campaign the troops went in camp July, 1882. Typhoid fever soon appeared at Alexandria, and in November became epidemic at Cairo, 223 deaths resulting from this disease. The total number of deaths was only 319. Typhoid fever was also observed in nearly all the stations occupied by the British in the Nile campaign of 1884 and 1885. During the war of 1881 between France and Tunis nearly 20 per cent. of the entire French forces suffered from typhoid fever; and here, as in many of the campaigns mentioned above, the troops did not occupy grounds

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previously occupied by an army, nor did many of them communicate, in any way, with other infected troops.

Typhoid fever was no less prevalent in the Spanish-American War of 1898, as shown by the investigations of Major Walter Reed, U. S. A.; Major E. O. Shakespeare, U. S. V.; and Victor C. Vaughan, M.D., late Major and Division Surgeon, U. S. V. In this war every regiment in the U. S. service developed typhoid fever, regardless of locality or change from the North to a warmer climate. It is further shown that drinking-water and dysentery[1] did not materially affect the disease, but, on the contrary, cases of dysentery rarely developed typhoid. "The 15th Minnesota, the 35th Michigan, and the 203d New York furnished large numbers of cases of typhoid fever, practically all of which developed before they crossed the Mason and Dixon line." When war was declared the United States Army was composed of 27,000 officers and men, and during the first four months of 1898 we find the following record: January, 9 cases of typhoid with 1 death; February, 3 cases, 1 death; March, 4 cases; April, 6 cases, 1 death. Regiments of the First Division of the First Army Corps were detailed to Puerto Rico, carrying with them the disease, which showed no tendency to abate.

By careful study of the record of the First and Third Army Corps, which were composed of 44,803 officers and men, we find 9660 cases of typhoid fever (21.56 per cent.). The Fourth Army Corps shows a somewhat lower percentage; however, due to faulty records, it is impossible to estimate accurately the number of cases of typhoid fever. Of the 9660 typhoid cases at Chickamauga, 4068 were properly diagnosed by the regimental or hospital surgeons. In 85 cases of malaria sent from the 5th Maryland to hospitals in Baltimore, 80 proved to be typhoid fever; and of 98 cases sent from the 8th N. Y. to hospitals in N. Y., all were regarded as typhoid fever. All sick were only allowed to remain in camp forty-eight hours, which accounts for the discrepancy between camp and hospital records. The number of deaths occurring among the Chickamauga troops was 713 (7.38 per cent.). In the fall of 1898 there was noticed a gradual disappearance of the disease.

[1] In 2763 cases investigated, "2356 were not preceded by any intestinal disorder."

Geographical Distribution and Statistics.

According to military records, typhoid fever is a disease of both the temperate and tropical districts. It is conveyed along the lines of travel, and transportation beyond seas does not abate the disease. In 1886 and 1887 there were 10,825 cases of typhoid fever in Hamburg, with a death-rate of 8.5 per cent. Brandt collected 19,017 cases, showing a death-rate of 7.8 per cent.; 2293 cases treated in American hospitals, in 1897, give a mortality of 9.2 per cent. In 1897 there were 299 deaths due to typhoid fever in New York City, which gives a mortality-rate of 7.5 per cent. The accompanying table will illustrate the distribution of typhoid fever in the United States for three years beginning with 1895. (See table No. 1.)

Table No. 1 of Mortality of Enteric Fever per 1000 throughout the United States as Collected from the Reports of the United States Marine-Hospital Service for the Years 1895, 1896, and 1897.[1]

Section of the United States	No. of Towns and Cities.	Estimated Population.	No. Deaths due to Enteric Fever.	No. of Deaths per 1000 Pop. due to Enteric Fever.
Northern States	3279	50,090,345	14,259	0.28
Western States .	445	8,095,368	1,954	0.24
Southern States .	357	7,378,706	2,276	0.308
Total . . .	4081	65,564,419	18,489	0.276

Table No. II embraces the figures for

[1] These are the only years that furnish figures.

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Pennsylvania alone during the decade beginning with 1888.[1]

Table No. 2.

Year.	Number of Towns and Cities.	Estimated Population.	Number of Cases Reported	Number of Cases Occurring per 1000 Population	Number of Deaths per 1000 Population.
1888	2	1,037,308	not given		.774
1889	5	1,457,995	not given	. . .	.694
1890	1	1,046,964	not given		.636
1891	2	1,129,574	not given		.63
1892	12	361,950	1,436	3.967	.81
1892	3	1,161,000	not given		.408
1893	4	411,020	2,687	6.53	.834
1893	3	1,202,794	not given	. .	.413
1894	237	2,549,455	4,968	1.95	.304
1895	215	2,542,512	8,671	3.41	.547
1896	226	2,772,155	6,795	2 45	.255
1897	300	2,561,964	7,091	2.76	.384[2]

I have appended a table presented by F. S. Crum, Ph.D.,[3] which shows the estimated population, the deaths from typhoid, and the typhoid death-rate per 100,000 of population of twenty-four American cities in aggregate, for each of the years of the decade beginning 1889, for the quinquennial periods, and for the entire decade.

Table No. 3.

Years.	Population.	Deaths.	Rate per 100,000.
1889	8,757,556	4,271	48 8
1890	9,148,645	5,267	57.6
1891	9,449,741	5,743	60.8
1892	9,763,186	4,943	50.6
1893	10,088,493	4,088	40.5
1894	10,426,154	3.567	34 2
1895	10,776,855	3,571	33.1
1896	11,140,833	3,545	31.8
1897	11,518,802	3.045	26 4
1898	11,921,287	3,891	32.6
1889-93	47,207,621	24.312	51.5
1894-98	55,783,931	17.619	31.6
1889-98	102,991,552	41,931	40.7[4]

[1] The earlier reports of the State Board of Health furnish data too meagre to be of any practical value.

[2] While conducting these collecting investigations pertaining to typhoid fever, it was found that available statistics gathered from health and mortuary reports were quite incomplete.

[3] Medical Record, August 12, 1899.

[4] My best thanks are due Drs. L. Napoleon Boston and W. Z. Anders for valuable assistance in collecting these statistics.

Typhoid fever likewise developed in many of the camps in the Anglo-Boer War of 1899-1900. Here many of the English officers and men were inoculated against typhoid fever before leaving their homes; however, complete records of both typhoid fever and the results of inoculations have not yet appeared. During the siege of Ladysmith A. E. Wright reports 10,529 men not inoculated and who were under his observation. Of these, 1489 developed typhoid fever, with 329 deaths. Of 1705 inoculated men under observation, 35 developed typhoid, with 8 deaths. Out of 171 uninoculated officers, there were 43 cases of enteric fever, with 5 deaths. Of 44 inoculated officers, there were 9 cases of enteric fever, with 2 deaths.

THE TREATMENT OF ACUTE COLDS.

By W. Blair Stewart, A.M., M.D.,

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Many acute colds have their onset by a slight localized burning, stinging, or itching sensation in the throat. If it is possible to treat at this stage, paint the spot with pure glyceritum acidi tannici, or a solution (gr. x to ℥j) of argenti nitras. Follow this by 2 grains of bisulphate of quinine, 2 grains of acetanilid, and a cup of hot tea, milk, or water, and the case is usually aborted. Many cases are aborted by the painting alone. If this burning sensation is allowed to continue for six or twelve hours, more decided measures are necessary, as the throat becomes sore, or there is a marked coryza developed, or general pains and constitutional symptoms. Any therapeutic agent that will

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tend to equalize the circulation or render the emunctories active will materially assist; hence the virtue of a dose of castor-oil, calomel, blue mass, or other purgatives. It is well to have free catharsis at the beginning of active treatment.

NERVOUS TYPE.—General aching, headache, fever, chilly sensations and flashes of heat, some sore throat, and cough. It is my custom to give a tablet containing:—

℞ Quininæ bisulphatis, gr. j.
Acetanilid, gr. j.
Cocainæ hydrochloratis, gr. $^1/_{16}$.

Signa: One tablet or capsule every hour for four consecutive hours, then every two hours. Give $^1/_2$ cup of very hot water or milk after each dose.

Put your patient in bed for best results. Most cases of this type respond promptly to this method; but, if the congestive headache still continues, give a hot mustard foot-bath and put a mustard plaster to the back of the neck. If the cough is dry and irritating, give codeine, gr. $^1/_{16}$; or heroin, gr. $^1/_{20}$, with the tablet, but not combined with it, for neither narcotic is needed when the cough is controlled.

CATARRHAL TYPE.—Running nose, suffused eyes, some cough, and sore throat.

℞ Quininæ bisulphatis, gr. j.
Camphoræ, gr. $^3/_4$.
Ext. belladonnæ, gr. $^1/_{12}$.
Misce tablet vel capsul. No. j.

Signa: One every hour for four or five hours, then one every two hours.

Follow the same general rules as in the nervous type. Good results can also be obtained from the T. G. Davis fever-tablet (Tr. aconiti, $m^1/_5$; tr. belladonnæ fol., $m^1/_{10}$; tr. bryoniæ, $m^1/_{10}$) given every fifteen to thirty minutes and allowed to dissolve in the mouth. As soon as the physiological effects of the belladonna are felt lengthen the interval to one or two hours. In children melt 6 or 8 of these tablets in 30 teaspoonfuls of water and give 1 teaspoonful every twenty to thirty minutes until results are obtained. Inhalations of menthol, camphor, or turpentine are beneficial. Better still, spray the nose and throat frequently with:—

℞ Menthol, gr. x.
Camphoræ, gr. xv.
Olei eucalypti, gtt. x.
Albolene, f℥ij.—M.

Cosmolin used freely in the nose is also useful to relieve soreness and excessive secretion. When there is sore throat you will find the following gargle most serviceable:—

℞ Glyceriti acidi tannici, f℥j.
Acidi carbolici, gtt. xv.
Glycerini, f℥j.
Hydrogen dioxide, q. s. f℥iv.

M. Signa: Two to four teaspoonfuls to $^1/_4$ glass of water and gargle every fifteen minutes to one-half hour.

If to this method is added an ice-bag applied to the throat in selected severe cases results are prompt.

You will frequently meet with a mixed nervous and catarrhal form of cold. Alternate each hour between the acetanilid and camphor pill before mentioned until the nervous symptoms subside, then discontinue the former and give the camphor pill every two hours. Very few colds in their first stage will fail to give prompt response to this treatment. My success with large doses of Dover's powder has been poor; some cases will undoubtedly respond to it. There is a class of individuals in whom abortive methods will not act even at the very onset, but many of these will be found to neglect some detail or expose themselves to further infection.

Most cases of acute colds will come to you when they have passed the stages outlined, or maybe you have treated with little result and the cold has progressed to a bronchial type with a hacking, dry, burning, or painful cough and pain in the chest.

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Immediately apply mustard over the painful or affected area. Best results are obtained from a home-made mustard plaster of 1 part brown mustard and 3 parts flour mixed with tepid water or egg-albumin. This modified plaster can be kept on for hours with no danger of blistering, except in very sensitive skins. In the latter case anoint the skin with cosmolin or lard before applying the plaster. In young children it is better to use free inunctions of camphorated oil, turpentine and lard, or coal-oil applied hot from two to three times daily. In fact, any good counter-irritant to the chest is good. Internally give:—

℞ Vini antimonii, f℥iss.
Ammonii bromidi, ℥iiss.
Liq. ammonii acetatis, f℥iiss.
Syr. limonis, q. s. f℥iij.

M. Signa: One teaspoonful in water every two hours.

Use this combination each alternate hour with the camphor pill or acetanilid pill as indicated. In simple colds use the mixture alone. There is no one working formula that gives as much satisfaction as this. The antimony will reduce heart-action without depression, relieve congestion, and start bronchial secretion. The bromide will relieve harassing cough and any nervous symptom, will assist in controlling the heart, and acts locally as a sedative to the throat. Liquor ammonii acetatis will render the skin and kidneys active, and soon brings on free bronchial secretion. Syrup of lemon is the best vehicle, and next to it is mistura glycyrrhizæ. This formula should be varied in strength according to the demands of the case. It is sometimes well to substitute codeine, gr. $^1/_{16}$, or heroin, gr. $^1/_{20}$, for the bromide to control cough. Opiates, as a general rule, retard recovery, but should never be neglected if the cough is not easily controlled. Continue this method until all congestion disappears, when it is wise to follow with a good preparation of hypophosphites or cordial or emulsion of codliver-oil. Should your case be a depressed old person, this same combination can be given with perfect safety, but it is well to give 5 to 10 drops of aromatic spirit of ammonia, well diluted with water or milk every three hours, at a separate dose. Ammonium chloride, in my experience, is very much overestimated and disappointing. In most cases the cough is eventually "tightened" and aggravated. Its one main use seems to me to be to disorder the stomach and depress the appetite. Other ammonia preparations are much better when indicated.

It has not been my purpose to deal exhaustively with the treatment and prevention of acute colds, but to outline a good working basis as gleaned from my own practical experience.

Abstracts.

Addison's Disease.

At a meeting of the Medical Society of Cologne Dr. Engelhardt mentioned two cases of Addison's disease presenting the following peculiarities: The first was that of a man, aged 21 years, who exhibited a complete clinical picture of the disease, the diagnosis of which was also fully corroborated by the autopsy. There was a uniform bronzing of the skin, with, likewise, three spots, where the color was deeper, and almost black. One of these three patches was situated over the shoulder-blade, another beneath the left lower eyelid, and the third near the umbilicus, being formed by the cicatrices of incisions into furuncles, from which the patient had suffered.

The deeper color of old inflammatory lesions is perfectly explained when we remember that the pigment which gives to the skin its discoloration in Addison's dis-

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ease is found almost exclusively in cells which should be considered as leucocytes or migrant cells which, as always, are amassed in great numbers in regions which are the seat of inflammation. This is the reason for the particularly-dark color of scars in the negro.

The aspect was altogether different in another subject of the same disease observed by the speaker at about the same time. In this patient, who also died, the bronze discoloration was very intense except at two points. Above the iliac crests on each side was a band of white skin, 8 centimetres long (a little more than 3 inches) and 4 centimetres wide. This band corresponded very exactly to the pressure exerted in this situation by the band which supported the man's trousers. In this case, therefore, the irritation of the skin by the pressure of the belt had produced an effect contrary to that in the preceding case. Instead of deepening the discoloration, the inflammation had lightened the hue: a fact which Engelhardt could not explain.—La Tribune Médicale.

Cancer of the Prostate.

This is regarded as a rare affection. Wolff, however, believes that it is more frequent than generally thought. According to his researches, sarcoma attacks young subjects by preference, while cancer is scarcely encountered until after the age of fifty, and often occurs in patients who have long suffered from hypertrophy of the gland. The co-existence of the two diseases constitutes, therefore, an obstacle to the early diagnosis of the malignant disease, and all the more so as the symptoms of cancer bear a general resemblance to those of simple hypertrophy. In other cases the tumor extends toward the rectum, and manifests itself only by compression of that organ. Finally, in a third group there is trouble neither of the bladder nor rectum, and the diagnosis can only be made by the occurrence of bony metastasis. The essential symptom which permits a distinction between cancer of the prostate and simple hypertrophy is the hardness of cancer and its bosselated surface. A continual growth in the size of the tumor is also in favor of the diagnosis of carcinoma. It is of capital importance that we should not content ourselves with the rectal touch, but, when possible, make the examination when the patient is under the influence of general anæsthesia. In some cases cystoscopy is of assistance.

The surface of the prostate attacked by cancer is sometimes bosselated and sometimes smooth, the latter character being present in old as well as in recent cases. The pain produced by the passage of a catheter is of some significance as pointing to cancer. Secondary involvements occur principally in the seminal vesicles, bladder, and pelvic glands, but rather frequently in the bones. The prognosis is all the more grave in that the diagnosis is generally late.—La Tribune Médicale.

Pleurisy Following Typhoid Fever.

At a meeting of the Medical Society of the Hospitals M. Siredey reported a case of typhoid fever, the evolution of which was absolutely normal. The patient had been treated by means of cold baths. There had been complete defervescence for five days, when there was a slight ascent of temperature, with some gastric trouble. For twelve days it was considered that the patient had recovered, when a new and progressive elevation of the temperature occurred, the patient suffering from a relapse of the typhoid fever. Pleuro-pulmonary signs were detected, and an exploratory puncture gave exit to pus which contained Eberth's bacillus. An attempted evacuation not long afterward only permitted the escape of a few cubic centimetres of sero-purulent fluid. The patient recovered. Pleurisy due to Eberth's bacillus generally causes but a very slight effusion, although it appears to

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be more abundant than it really is upon auscultation, on account of the adjacent lesions of broncho-pneumonia. In the present case the occurrence of the pleurisy was rather late, which is contrary to the rule in this complication.—Le Progrès Médical.

Pathogenesis of Pleurisy in Typhoid Fever.

At a meeting of the Medical Society of the Hospitals M. Galliard stated his belief that the pleurisy of typhoid fever is generally the consequence of pulmonary infarct, which is so common. In corroboration of his view he cited two cases. In the first, the patient had suffered from grippe before the enteric fever. The latter developed regularly until the nineteenth day, when the patient complained of his side, where fine râles were heard, and sanguinolent expectoration supervened. Not long afterward all the signs of pleural effusion were manifest. These gradually lessened and puncture gave no result. A pleural adhesion was the consequence. In the second case, between the infarctus and the secondary pleurisy, a genuine pneumonia occurred. Neither of the patients presented signs of tuberculosis, and left the hospital cured.—Le Progrès Médical.

Follicular Angina with Septicæmia and Death within Twelve Days.

Dr. Noltenius has described the case of a patient, 30 years of age, who, during the course of treatment for hypertrophic rhinitis with obstruction of the Eustachian tubes, was attacked by angina, at first rather mild and limited to the left tonsil, which presented some inflamed follicles. On the next day the writer perceived upon the right side of the neck a light-red discoloration, the cause of which was not obvious. After satisfying himself that neither diphtheria nor scarlet fever was present the author advised the patient to return home, as, in fact, she wished, and to send immediately for her regular attendant. On the first day the latter found a thick, whitish-gray deposit upon the left tonsil, and some white points upon the right. The red color upon the right side of the neck was still in existence. Scarlatina being absent, the physician, without bacteriological examination, diagnosticated diphtheria and injected serum. The deposit disappeared at the end of twenty-four hours. The patient, however, remained weak, had diarrhœa, pain in the nose, pharynx, and head. The temperature, after having oscillated for four days between 37.4° C. (99.3° F.) in the morning and 38.4° C. (101.1° F.) in the evening, rose suddenly and without chill on the fifth day to 39.8° C. (103.6° F.), and for four days, until death, varied between 39.2° and 39.4° C. (102.5° and 102.9° F.). Ten days before death already the right side of the neck, where the redness had occurred, presented a painful swelling, which had progressively invaded all the supraclavicular region. Four days later, with the advent of the fever, the patient complained of pain in the right thigh and both forearms. In the regions indicated could be seen the red lines of lymphangitis. There were no articular swellings or pain.

There was no autopsy. Not a drop of pus was found in the infiltrated region, but the lymphatic glands were highly inflamed and greatly swollen. Examination of the painful parts of the thighs and forearms gave the same results. The veins contained no thrombus. In the inflamed glands there were only isolated diplococci, probably streptococci. — Revue Hebdomadaire de Laryngologie, etc.

Parotitis Accompanied by Disease of the Auditory Canal.

Dr. Jurgens has related the history of a case, the patient being a man, 23 years of age, attacked by parotitis of the left side on July 12, 1899, of the right side on July 17th, and who died on the 19th of July.

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At the autopsy numerous lesions were found in most of the organs. There was purulent infiltration of the parotid glands, more especially upon the left side, the pus being disseminated in numerous small foci. The left auditory canal was full of a sanguineous fluid, thick and mixed with pus. Its cutaneous cover was completely detached and gangrenous. The membrana tympani was totally destroyed, and the middle ear was full of pus. The mucous membrane was detached and destroyed as far as the antrum. The ossicles had disappeared. There was pus in the mastoid process, the cells of which were, for the most part, destroyed, and which communicated with the parotid by means of many purulent tracts. The auditory canal, middle ear, and mastoid process of the right side were healthy. The pus of the diseased parts contained numerous streptococci. These organisms were present also in the right parotid.

The case was one of septicæmia due to streptococci. The point of departure was in the left auditory meatus, which exhibited the most marked lesions.—Revue Hebdomadaire de Laryngologie, etc.

Fistula of the Left Parotid Region Communicating with the Auditory Meatus.

At a meeting of the Danish Otological and Laryngological Society M. Naerregaard exhibited a man, 50 years of age, who had in childhood suffered from a scrofulous affection of the eyes, and who, as a young man, had had a soft chancre with bubo, but no syphilis. Two years previously he had had, consecutive to a violent coryza, a moderate and painless discharge from the left ear. Six months later the discharge ceased and there occurred an abscess of the left parotid region. The patient was admitted to the hospital and the abscess opened. On changing the dressing, four days afterward, it was found that the auditory meatus was full of blood. Eight days subsequent to the opening of the abscess the patient left without his ear being more closely examined, and was treated by his physician until the opening was healed. Latterly the discharge had borne a close resemblance to saliva. The patient had a constant discharge from the left ear, but felt well and heard well until last February, when the flow ceased and a new swelling made its appearance below the left ear.

When the author saw the patient, on the 6th of February, he was suffering extreme pain. The left parotid region was the seat of a tumor, which pushed the ear outward. This was a fluctuating abscess, at the summit of which, and behind the external ear, was an old cicatrix. The mastoid was not involved. There was nothing particular about the meatus auditorius, and the hearing was good. The patient had ozæna. Incision gave exit to a large quantity of pus, and pressure caused both blood and pus to issue from the auditory canal. A tampon of iodoform gauze was inserted. The patient experienced a temporary relief, and the swelling soon disappeared. The flow from the ear was scanty and had a very strong odor. That from the wound looked like saliva. When the opening had closed there was some retention, and it was necessary to dilate the wound.

When an injection was made into the fistula the liquid appeared in the auditory meatus, but a sound introduced through the fistula could not be made to enter the auditory canal. For some time past the flow had been diminishing in quantity and the auditory canal was nearly normal.

The author queries whether the parotid abscess should be regarded as a primary glandular affection which had opened into the auditory canal or an abscess from congestion due to suppuration of some part of the ear.—Revue Hebdomadaire de Laryngologie, etc.

Conjunctival Tuberculosis.

M. Reimar has described two interesting cases. The first concerned a child of 4

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years, who presented an ulcer of the tarsal conjunctiva of the upper lid, with follicular hypertrophy of the left side and enlargement of the submaxillary glands of the same side. Cure was produced in the course of three to five weeks by the employment of a collyrium containing acetate of lead and of iodoform pomade. A bacteriological diagnosis was not made.

The second case was that of an adolescent, treated at the age of 9 years for eczematous kerato-conjunctivitis, and who, eleven years later, consulted the author on account of an inflammation of the conjunctiva of the right eye. The patient was very cachectic. There were no pulmonary lesions, cervical or pre-auricular adenopathies. There was total symblepharon of the left side. Upon the right was a slight ectropion of the lower lid. The conjunctiva was highly injected, and exhibited large, transparent granulations, of follicular aspect, and a muco-purulent secretion. In the upper *cul-de-sac* were papillary vegetations. The bulbar conjunctiva was completely covered by gelatinous nodules. The cornea was turbid and vascularized. On the left side there were ulcers and even adhesions. The injection of 0.6 to 0.8 milligramme of tuberculin only gave rise to an elevation of temperature to 38.2° C. (100.7° F.) without local reaction. Inoculations of the gelatinous vegetations of the bulbar conjunctiva into the anterior chamber of the eye of a rabbit and under the skin of a guinea-pig produced typical tuberculosis. The nasal mucous membrane was not affected, but there was obstruction of the lacrymal veins, and the author believed that this was secondary to the disease of the conjunctiva.—La Tribune Médicale.

Otitis Media Contracted from Pneumonia.

At a meeting of the Medical Society of the Hospitals M. M. Edgar Hirtz said that the existence of acute otitis due to the pneumococcus is now generally admitted. It is not rare during the course of pneumonia. In his study of meningitis due to pneumococci Netter showed that this complication might be engrafted upon pneumococcic otitis, and expressed the idea that even in the absence of pneumonia it might occur. Some months later Zaufal demonstrated and proclaimed the existence of a primary pneumococcic otitis.

The case reported by the speaker is interesting for several reasons: It supports the belief of those authors who admit the occurrence of otitis caused by pneumococci, but independent of pneumonia. It is an excellent example of a contagion not hitherto recognized: an otitis dependent upon contact with a patient suffering from pneumonia.

On the 26th of June he was called to see a man, 65 years of age, a diabetic, in whom he recognized a pneumonia, not very extensive, of the right lung. In the axillary region he perceived a murmur and crepitant râles. For two days the patient had expectorated rust-colored and very adhesive sputum. The disease developed favorably, on the ninth day the fever fell, and the patient began rapidly to convalesce. The man's wife had nursed him day and night from the beginning of the attack. She herself had emptied and cleaned the spittoon. Formerly of perfect health and free from morbid antecedents, with no other manifestation than a little fatigue, she was attacked on the 27th of June, three days after the beginning of her husband's pneumonia, by a rather abundant purulent discharge from both ears. The pus was whitish, thick, and without appreciable odor. The flow lasted about twelve days. The patient had no pain and under the influence of an antiseptic treatment was rapidly cured. At the first examination her attendant, M. Rabbé, chief of Dr. Castex's clinic, recognized perforation of both membrana tympani, but these speedily cicatrized.

The occurrence of this double purulent

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otitis independent of all anterior disease in a woman in constant contact for three days with a subject of pneumonia attracted the speaker's attention, and led him to think of the possibility of direct contagion.

On the 2d of July the pus of the otitis was examined at the Institut Pasteur. It was found to contain numerous pneumococci, as well as small bacilli of indeterminate character. A series of cultures gave rise to numerous colonies. As well by their macroscopical aspect as by the microscopical examination, these colonies were evidently due to pneumococci. The quantity of pus collected was insufficient for inoculations.

How is this contagion to be interpreted? It is probable that the contaminating material was deposited directly upon the auditory canal of nasal fossæ by hands soiled by contact with the spittoon. According to Zaufal, the diplococcus pneumoniæ is the ordinary pathogenic agent of primary otitis or that ascribed to cold, while the pyogenic organisms are most often found in secondary otitis.

Cold is too trivial a cause to be recognized as the effective agent in this case. It must have been produced by direct contamination. It follows that we should impress upon those in attendance upon pneumonia the same precautions as are observed in tuberculosis. Rigorous antisepsis of the hands is the best prophylactic measure.

The pathogenic micro-organisms may be introduced through the naso-pharynx and Eustachian tubes, and in such instances lavage of the nose and throat, and injections into the auditory canal of weak solutions of corrosive sublimate should be practiced several times a day from the beginning of the affection. — Le Bulletin Médical.

An Epidemic of Gastro-enteritis.

Dr. Escherich, of Graz, has recently observed an epidemic of gastro-enteritis in a children's hospital. The disease affected almost exclusively young nurslings from two to four months of age. Some had entered the hospital with well-marked digestive trouble, others for different disorders and contracted the gastro-enteritis in the wards. The beginning of the disease was never clearly defined. There were only weakness, pallor, anorexia, with an arrest, followed by a diminution, of weight. Diarrhœa then appeared. The stools numbered four to eight and sometimes thirteen a day. They were yellow, of alkaline reaction, mawkish, but not fœtid, odor. They caused no pain. There was neither rectal tenesmus nor an abundance of gas. They were very copious in comparison to the restricted quantity of nourishment taken by the child. In children fed with malt-soup the stools were of syrupy consistence. Placed in a tube they gave the impression of a mixture of milk, starch, and the yelk of egg beaten together. Under the microscope desquamated cells were usually found. The diarrhœa was generally not long in being complicated with vomiting, and the disease then took on a more rapid course. The child lost flesh, was motionless and apathetic. The pallor assumed a grayish tint, the skin hung in folds, the fontanelles sank, the eyes were deep in their sockets. This sort of desiccation, however, never attained the same degree which it reaches in cholera infantum. The abdomen was swollen, the pulse was small and frequent, the râles of bronchitis appeared toward the close, and the child succumbed at the end of three to eight days after the commencement of the diarrhœa without having had any rise of temperature or convulsions. Albuminuria was comparatively rare, but the urine constantly contained a large amount of indican.

The disease was clinically an enteritis, an inflammation of the small intestine, with grave toxic phenomena. Among the most frequent complications was thrush,

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and next was broncho-pneumonia, which, during life, did not generally betray itself by any symptom.

At the autopsy the lesions were usually but slightly marked, but nearly constant. The thrush sometimes extended into the œsophagus. The mucous membrane of the stomach was swollen, injected, and covered with mucus, which sometimes contained blood. The intestinal loops were distended and the serous membrane was congested. The mucous membrane of the lower portion of the small intestine was congested, and presented catarrhal tumefaction. Peyer's patches were red, but not increased in size. The existence of minute superficial ulcerations was only apparent upon microscopical examination. The contents of the small intestine were composed of serous fluid with which were mixed yellow flocculi and a little blood. The large intestine was ordinarily intact or presented but insignificant lesions. In the lungs were seen bronchial catarrh and foci of broncho-pneumonia certainly due to the aspiration of mucosities, milk, and vomited material. Neither the spleen nor liver was enlarged. The kidneys were not increased in volume. The heart was normal and blood taken from the heart a few moments after death exhibited no tendency to coagulation.

In the histological examination of the small intestine, made in a few cases only, ten or twelve hours after death, cadaveric alterations were found. There was desquamation of the epithelium and the superficial part of the mucous membrane, with interglandular infiltration of round cells and superficial ulcerations. By Weigert's stain blue bacilli were displayed, which were also in the stools, at the surface of the mucous membrane or in the interglandular tissue as far as the muscular coat (two cases) and also in the vicinity of the ulcers.

By sowing the stools in agar or gelatin non-liquefying coli bacilli were obtained, among which were found some which were not decolorized by Gram's method and which took a blue color from Weigert's stain. Morphologically they resemble pseudodiphtheritic bacilli. They were not pathological by subcutaneous or intraperitoneal injection for guinea-pigs. Nevertheless, they must play a part in the pathogenesis of epidemic enteritis, because they were detected in the stools, and they are sometimes found in the substance of the mucous membrane, which indicates an invasion during life (Marfan) and in two cases they were perceived in the spleen and kidneys.

Another bacillus, isolated from the stools and which took the blue stain, was recognized as a streptothrix which possesses the peculiarity of losing, in serial cultures, its resistance to the Gram coloration. Its pathogenic value has not been determined. According to an observation of Finkelstein's, however, this streptothrix exists in normal stools and increases in enteritis characterized by the intensity of the toxic symptoms.

The epidemic described in this paper disappeared after evacuation and disinfection with formol of the ward in which the little patients lay.—La Tribune Médicale.

Post-neuritic Atrophy of both Optic Nerves Due to Mumps.

Dr. H. Dor, Sr., of Lyons, relates the following history: On February 14, 1900, a young man, 25 years of age, consulted him on account of loss of vision which dated from April of the preceding year. With the left eye he was able to count the fingers no farther than a metre distant and with the right eye no farther than a quarter of a metre. There was also a rather considerable limitation of the visual field. He recognized colors, however, fairly well. The writer found an atrophy of both optic nerves of the characteristic form which results from optic neuritis. The most

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searching examination revealed no other possible cause except an attack of mumps which he had had in April, 1898, during his military service, and for which he had been kept twenty-seven days in the Infirmary of Briançon. He had formerly been a good marksman in the Alpine regiments. Already in December of the same year he had photopsia and became conscious that his aim was bad. In April, 1899, the vision rapidly failed. The chief physician of the Hospital at Briançon diagnosticated at that time atrophy of the optic nerves. On September 20th he was discharged, but unfortunately without an official certificate of his disability. From his first visit to the writer he was treated by means of the continued current of 5 milliampères, together with injections of strychnine in doses of 5 milligrammes (about $^1/_{12}$ grain). The sight improved considerably, so that he could count his fingers at 2 $^1/_2$ metres with the left eye, at 1 metre with the right, but it was not possible to obtain farther improvement, and that condition has been maintained to the present time.

The author had at first thought this case to be unique, but in searching the literature he had found that the malady was well known to military surgeons.—Recueil d'Ophtalmologie.

Therapeutic Notes.

Hydrotherapy in Disorders of the Menopause.

Gottschalk recommends, from personal observation in a number of cases, hot baths as a means of relieving the sweating and hot flushes and associated disturbances occurring at the menopause or after removal of the uterus or adnexa. The hot baths are administered at bed-time, duration twenty minutes. Three or four weeks' treatment was sufficient to effect a cure. He does not state exactly what temperatures were employed, but baths at 92° to 96° are best for these cases. Carefully-graduated tonic treatment, consisting of wet-hand rubbing, cold friction, the friction-mitt, cold wet-towel rubbing, and like measures are of greatest service.—Modern Medicine.

Alcoholism and Vesical Catarrh.

Dr. W. R. D. Blackwood, of Philadelphia, writes thus to the Medical Summary:

"The following prescriptions are favorites with me, and I trust they may prove so in the hands of others:—

"FOR ALCOHOLISM.

"Stop liquor of all kind at once, and give:—

"℞ Strych. nitrate, gr. ss.
Acid. nitric. dil., ℥ij.
Syr. lactucarium, ℥iv.

"M. Sig.: Teaspoonful every three hours, or less, as required.

"Feed the patient on good buttermilk, or, if that is not available, give skim-milk *ad libitum*, and make him take at least 2 quarts daily. If vomiting is severe, give 2 drops of tincture of iodine compound in peppermint-water hourly.

"VESICAL CATARRH.

"℞ Methylene-blue, gr. xij.
Sodium benzoate, gr. clx.
Muc. acacia, ad ℥iv.

"M. Sig.: Teaspoonful four to six times daily."

Codeine in the Treatment of Neurasthenia.

Drugs have not counted for much in the treatment of neurasthenia, but Dr. Dornblüth speaks enthusiastically of the use of codeine, especially in cases in which insomnia is a feature. He says, however, that it does not act as a narcotic, but as a direct roborant of the nervous elements. He gives doses gradually increased to $^1/_8$ grain five times a day during a period of

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from four to six weeks, and then gradually reduces them.—New York Medical Journal.

Pleurisy with Effusion.

℞ Ammonii chloridi,
Ammonii carbonatis, of each, ʒj.
Tinct. cubebæ, ʒiij.
Syrupi Tolutani, q. s. ad ʒiv.

M. Sig.: Two teaspoonfuls every hour.—Journal of the American Medical Association.

Locomotor Ataxia—Systemic Treatment.

Erb's formula, according to the Journal of the American Medical Association, is:—

℞ Ferri lactatis, gr. xl.
Ext. cinchonæ, ʒj.
Ext. nucis vomicæ, gr. viiss.
Ext. gentianæ, q. s.

M. et ft. pilulæ No. xx.
Sig.: One or two pills three times a day.

Acid Dyspepsia.

℞ Bismuthi subnitratis, gr. x.
Magnesii carbonatis, gr. xv.
Solutionis potassæ, *m*vj.
Acidi hydrocyanici dil., *m*ij.
Tinct. zingiberis, *m*v.
Aquæ menthæ pip., q. s. ad ʒj.

M. Sig.: At one dose, to be repeated two or three times a day.—Journal of the American Medical Association.

Enlarged Spleen.

Dr. Typaldo Lascarato says that, in all cases of malarial swollen spleen except those of long standing or the ultimate result of advanced hypertrophy or degeneration of the organ, berberine is highly commendable. It is given in a daily quantity of from 1 $^1/_2$ to 15 grains, according to the age of the patient, and always in combination with quinine. A favorite Italian prescription is as follows:—

℞ Hydrochloride of berberine, gr. xv.
Bisulphate of quinine, gr. viiss.

M. Sig.: To be divided in four powders and one taken every half-hour or hour, for an adult.—Gaillard's Medical Journal.

Acute and Chronic Coughs.

The following prescription of Dr. William H. Thompson's is commended in Merck's Archives:—

℞ Linseed-oil, ʒxv.
Oil of wintergreen,
Oil of cinnamon, of each, 3ij.
Dil. hydrocyanic acid, 3iiss.
Glycerin, 3v.
Simple syrup, ʒx.
Water, ʒxxiv.
Irish moss, ʒss.

Make an emulsion. Two to 4 teaspoonfuls three times a day.

Fœtid Bronchitis.

Naphthalin is considered by Dr. Pirnot a most excellent remedy in fœtid bronchitis. He relates two cases in which the fœtor was so strong that it was difficult or impossible for people to stay in the same room with the patients. He prescribed the following mixture:—

℞ Naphthalin, 3j.
Absolute alcohol,
Syr. of wild cherry, of each, f3iss.
Fl. ext. squill, f3iv.
Tinct. aconite, gtt. viij.

Teaspoonful every three hours.—Merck's Archives.

Tooth-powder.

M. H. Fletcher, D.D.S., M.D., has found the following combination to answer better than anything else:—

℞ Rice or Indian-corn flour, 75 parts.
Sodium borate, 18 parts.
Potassium chlorate, 7 parts.

Orris-root and menthol to flavor, and saccharin to sweeten.

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The author also recommends making the combination into tablets. A tablet slowly dissolved in the mouth, at frequent intervals, will alkalinize the saliva, strengthen the mucous membrane, and tend to prevent decay of the teeth. It is also a valuable adjunct in the treatment of pyorrhœa. —Merck's Archives.

Earache.

℞ Chloralis (camphorated), ʒj.
Glycerini, ℥j.
Ol. amygdalæ dulcis, ʒiiss.

M. Sig.: Saturate a piece of cotton and introduce well into the ear.—Journal of the American Medical Association.

Tonsillitis.

Dr. A. Sandner, of Chicago, Ill., writes to the Medical Summary that in acute cases the following has given him good results:—

℞ Quinine sulph., gr. xlviij.
Acid. sulph. dil.,
Tr. aconite, of each, ♏xlviij.
Syr. prunus Virg., ℥j.
Aqua, q. s. ad ℥iij.

M. Sig.: One drachm in water every four or six hours. This dose is for an adult.

Hæmorrhoids.

A formula of Dr. Joseph M. Mathews, of Louisville, Ky., quoted by the Medical Record, is:—

℞ Vaselin, ℥j.
Muriate of cocaine, gr. xij.
Morphine, gr. vj.
Calomel, gr. xl.

M. Sig.: Apply locally night and morning. If itching is severe apply menthol, 1 drachm to 1 ounce of vaselin.

Rhus for Incontinence in Children.

The Gazette Médical Belge quotes Perlis to the effect that rhus aromatica is a certain cure for incontinence in children. He has never known it to fail in his own or others' experience, which includes 156 cases. He prescribes 15 to 60 drops a day, fractioned. — Journal of the American Medical Association.

Habitual Constipation.

℞ Sulphuris loti,
Potassii bitartratis, of each, ℥j.
Pulv. sennæ (leaves), ʒiv.
Syrupi rhei, ʒij.
Syrupi rhamni purshianæ, q. s. ℥iij.

M. Sig.: One teaspoonful morning and evening.—Journal of the American Medical Association.

Vomiting of Uterine Origin.

℞ Menthol, gr. v.
Tinct. opii, ʒiiss.
Liquoris pepsinæ, ℥j.

M. Sig.: Ten to twenty drops before each meal. — Journal of the American Medical Association.

For Choroiditis.

The Gazette Hebdomadaire de Médecine et de Chirurgie ascribes the following to Galezowski:—

℞ Cyanide of mercury, 4 1/2 grains.
Neutral hydrochloride of cocaine, 3 3/4 grains.
Water, 8 1/2 ounces.
Cherry-laurel water, 6 drachms.

M. For external use only.

This solution, says the Gazette, may be used with real advantage in hot eye-fomentations, which may be repeated several times a day, against the progressive atrophic choroiditis of myopia, and disseminated choroid atrophy in the gouty. It may also be employed in subconjunctival injections in certain grave cases of exudative choroiditis.—New York Medical Journal.

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THE

Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
F. A. DAVIS COMPANY, Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, Jan., 1901.

THE CITY HOSPITAL AND THE ALMSHOUSE.

ALMSHOUSE is a detestable word to the self-respecting poor. Men and women of independent spirit will suffer cruel deprivations rather than become the recipients of public charity. It is chiefly the idle, the profligate, and vicious who crowd the wards of our almshouses. True charity does not consist in maintaining such people in indolence at the city's expense. The most efficient help we can render to unfortunate fellow-beings is to enable them to help themselves by providing them with work. The most enlightened charities are those which have this end in view.

Adult people of ordinary health and strength can usually obtain employment sufficient to keep them out of the almshouse. It is readily admitted that in every large city there are numerous examples of extreme destitution which cannot be attributed to evil courses. Many of these need, at times, temporary relief, and will find friends if their wants are made known. Such persons, however, are naturally and properly averse to the almshouse. Those who, by the misfortunes of life, are compelled to avail themselves of that last resource will cheerfully make themselves useful within those dismal walls.

There are multitudes who, from lack of energy, intelligence, judgment, or opportunity, or who have been the victims of misfortune which could scarcely have been foreseen, have been able to make little or no provision for sickness or accidental injuries. When disabled by illness they are soon without means. For such individuals the municipality provides a public, or city, hospital with its staff of medical attendants, nurses, and other officials necessary to its management. Patients suffering from acute or chronic illness who are received into the City Hospital are not to be ranked or regarded as paupers. They have been self-supporting, and those who recover expect again to earn their own livelihood. They are as fully entitled to attention while disabled as their more fortunate fellows. There should be no more opprobrium attach to a sojourn in the City Hospital than to admission to any other institution of the same kind. The poor we have always with us, and if these need assistance when ill they should receive it freely without being classed as paupers. There is, in fact, a sharp line of distinction between the inmates of the hospital ward and the denizens of the poor-house.

The Philadelphia Hospital, for instance, has a long and excellent medical history. Many of the best men in our profession have begun their career within its walls. Many of the most eminent leaders in clinical medicine and surgery have acted as consultants to the institution. The recent graduate is eager to serve as *interne*, while men of deserved prominence willingly accept positions on its visiting staff. While most of those thus closely associated with its work have naturally belonged to this city or State, there have, nevertheless, been many residents from other parts of our country. Some of these are to be found in almost every important city of the United States, and they always retain an affectionate remembrance of the institution in which they learned their first lessons in practice. In addition to those who have labored professionally within the hospital there is another, and much larger, class who remember it equally well on

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account of the clinical lectures which they have attended in its lecture-hall and which have been a notable part of their education as students.

This hospital, therefore, has a high reputation in the medical profession, and should meet with the cordial support of this community. We have instanced the Philadelphia Hospital because of our familiarity with its history, its claims, and its needs, and because of our official connection. The principles of what we have to say concerning its position and its relation to the poor-house are applicable to similar institutions in other cities. In all of which the writer has cognizance good medical work is being faithfully performed. Many others are systematically utilized for the instruction of medical undergraduates, and all are the instruments of good to the afflicted poor.

The close association of such harbors of refuge with the common almshouse is undeserved and injurious. The victims of disease or accident must be relieved in the true and kindly spirit of medical charity, which, in its ministrations, knows no distinctions of race, creed, or conduct.

It has been customary to garb the inmate of the hospital in the same uniform of shame as the pauper inhabitant of the hospital. There is no reason why this should be done. Clothing just as inexpensive, but of a different color and aspect, could easily be furnished. As regards the City Hospital, the rules and regulations should be cast on precisely the same lines as in other institutions which are free from the most distant alliance with the almshouse.

In all almshouses we find two groups of inmates. One is composed of aged and decrepit males and females, for whom the storms of life have been too severe and who have, perforce, found shelter even in such a haven. It is true that a large proportion of these have been ruined by their own misconduct, idleness, dissipation, or vice. There is a minority who have simply been deplorably unfortunate. All, however, are undoubtedly enfeebled and tottering on the brink of the grave. The second class consists of vagabonds, loafers, drunkards, and perhaps petty criminals. The members of this class are often broken in health on account of their excesses, but they, for the most part, retain sufficient vigor for the performance of some kinds of work. Many of this group take their discharge in the spring and go on the tramp, but in the late autumn they seek the hospitable retreat of our own or some similar asylum, and spend their winters in idleness and ease at the expense of the taxpayers.

Now, there is no reason for this laziness, and no excuse. All who are physically able should be made to work. Occupation, of various kinds, should be provided. Some of these paupers have learned trades in their earlier days. Others have been laborers. All should be given something to do as a condition of their support by the community. Men and women who respect themselves account it a matter of pride that they earn their own livelihood by toil of some description. The rules of the almshouse should enforce work upon all the inmates who are physically fit. The almshouse should be, as they express it in Great Britain, the work-house. In the neighborhood of the building there should be fields, and these should, in the proper seasons, be planted, tilled, and reaped by those whom the community supports. The women could be employed in making the clothing worn by the inmates. There is no impossibility in such a scheme. By concerted and well-planned action of this kind the almshouse could be operated at infinitely less cost, if not at an actual profit, and what was saved in this manner could be put to far better uses. The City Hospital, as it deserves, should receive the advantage of the labors of the paupers. The undeserving could contribute to the

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support of the deserving sick or injured poor.

An incidental effect of such regulations would doubtless be a decimation in the numbers seeking admittance to the poor-house. Those able, but unwilling, to work would then have no motive to impose on public charity.

Operated in such manner the almshouse would prove much less of a burden and problem to the representatives of the city, while the City Hospital, severed from an unnatural connection, would obtain added efficiency.

THE PRELIMINARY TRAINING OF STUDENTS OF MEDICINE.

THE methods and objects of education are of perennial interest. Each generation is deeply concerned in the question. The one at present active on the stage is responsible for transmitting its store of learning to its successors. It may be conscious of disadvantages and imperfections in the methods by which itself was trained, and be desirous, therefore, of improvement in these respects. On the contrary, the older men of each generation often fear that certain changes are too sweeping and radical, or, indeed, rather to be deprecated than commended. Furthermore, advances in knowledge are continually being made, and these not infrequently involve decided modifications of former conceptions. Thus the scheme of education is subject to progressive evolution, and methods of tuition must change in correspondence to new acquisitions of knowledge.

The studies of the professional curriculum must be preceded by those of general subjects, common to all who can lay claim to the title of educated. It follows that physicians, and particularly those engaged in teaching medical branches, are perpetually on the alert to devise improved methods of instruction, training, and demonstration. The plan of medical study, as well as the practice of the profession, has been, in many respects, revolutionized during the last quarter of a century.

It is universally recognized that much of the success of medical teaching must depend upon appreciative classes. In other words, to bring the question to an individual point, those men will succeed best as students, and presumably, as practitioners, of medicine who have received that kind of a general education which shall best fit them for the prosecution of scientific studies. It is true that science is by no means all in medicine. There is in practice much of art which can only be acquired by experience, and without which men of undoubted scientific acquirements can be only measurably successful.

Such thoughts, habitual to the mind of a teacher, were revived by the persual of an excellent introductory address by Sir John Williams, M.D., of London.[1]

The speaker first and properly lays stress upon the great importance of bodily health and strength to one beginning the preparation for a most laborious and responsible profession. He truly told his hearers that "from the day upon which you enter upon the special study of medicine to the day when you will lay aside the stethoscope and the thermometer your life will be full of hard and interesting work." He draws a graphic picture of school-boy life and pleasures in the country in olden days, confessedly based upon his own experience, and which has its parallel in that of many an American boy. He shows how the rambles to and from school, with the noontide games, produced rugged constitutions, the basis of successful effort in later years. This advantage is seldom gained except

[1] "An Introductory Address on the Training of Body and Mind for the Profession of Medicine." Delivered at the Commencement of the Winter Session of the Faculty of Medicine of the University College of South Wales on October 10, 1900. By Sir John Williams, Bart., M.D., F.R.C.P.Lond., Consulting Obstetric Physician to University College Hospital; Consulting Physician to the Royal Hospital for Children and Women, Waterloo Road, etc. British Medical Journal, October 13, 1900.

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in early life. "Success in medicine, as in many other professions, means survivorship, and survivorship usually means a good *physique*." The active out-of-door life, especially in the country, is also highly useful in training the senses, so important a matter to the medical man.

The preliminary education of a physician should include a competent knowledge of history and literature, the modern languages, and, above all, a familiarity with the fundamental principles of physics, chemistry, and biology. These are the best preparatory studies. Without at all decrying classical scholarship, he does not perceive that it has much to do with medical acquirements, and in this conclusion all must agree, no matter what their individual bias may be in regard to the subject. The masterpieces of ancient literature are readily accessible in admirable translations, which most readers will appreciate more truly than the original text. The young man who has acquired these rudiments of physical science in addition to a sound literary training is best fitted to address himself to the study of modern medicine, which, in these days, depends so much upon actual personal work in the various laboratories, as well as in the ward-classes.

To the older plans of education, which dealt so much with the study of books and ancient literature, without reference to the laws of Nature and life, the speaker attributed the popular ignorance concerning medicine. He referred also to the theme which was recently our own text, viz., the acceptance of quack advertisements by the religious press, and condemns the custom in no faltering tones.

Medical News and Miscellany.

Injuries to the Eyelids and Eyeballs.—This is the title of a very interesting and instructive clinical lecture by Professor L. Webster Fox, of the Medico-Chirurgical College, Philadelphia, published in the "International Clinics," volume iii, tenth series. The lecturer's remarks are based upon five patients, shown to the senior class at the college.

The first case was that of a little girl, who had suffered extensive lacerations of both upper and lower lids of the left eye, produced by the horn of a cow. The upper lid was attached only by a small pedicle to the temple. The eyeball, fortunately, was uninjured. After disinfection the edges of the wounds were brought together by sutures. Ptosis resulted from division of the fibres of the levator palpebræ. A subsequent operation will be needed in order to remove this deformity.

The second patient was a woman, whose upper eyelid had been lacerated by falling upon a broken bottle when she was a child of three years. Cicatricial retraction had left the cornea unprotected and the sight had been impaired. The margins of the cicatrix were freshened, the ciliary edges approximated, and a superficial skin-graft inserted, the tissue being taken from the arm by Thiersch's method. In this manner cicatricial was replaced by normal tissue, and an improved shape given to the affected lid. The result was a conspicuous success.

The third patient, a young woman, had, years ago, been burned extensively and severely upon the face, involving both upper and lower lids. Dr. Fox had two years ago inserted a Thiersch graft in the upper lid with a very gratifying result, permitting closure of the lid. Upon the present occasion the author operated for the relief of ectropion of the lower lid. This was first secured to the upper lid by means of four sutures. A graft was then taken from the arm with a spear-shaped knife and transferred to the raw surface below the eyelid, stitched to the ciliary margin, anchored upon the cheek, and secured by a bandage.

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The stitches were removed at the end of forty-eight hours.

The fourth case was one of trichiasis following granular lids. Here a portion of skin from behind the ear was ingrafted in such a manner that four weeks later the eyelashes were turned from the eyeball and gave protection to the cornea.

In the fifth case a piece of tin had been driven by an explosion through the upper lid and eyeball, the contents of the latter being evacuated. The lower lid was also cut and the bone penetrated. The eye was removed, the wound healed favorably, and in due time an artificial eye can be inserted.

The lecture concludes with some remarks upon burns of the cornea. The excellent illustrations add appreciably to the force of the descriptions.

The Roentgen Society of America. — The Roentgen Society of America, which was formally organized at a meeting of the x-ray workers representing nine States held at St. Louis, March 26, 1900, held its first regular meeting in New York, December 13 and 14, 1900. Rooms in the Grand Central Palace were engaged for the purpose, and these afforded ample accommodations for the exhibition of apparatus and sciagraphs, which was made quite a prominent feature of the meeting. The exhibits were remarkable for completeness, including, as they did, fluoromometers, fluoroscopes, plates, lantern-slides, statics, coils, and motors, with their accessories, needful for practical demonstration, illustrative of the practical side of x-ray work.

At the second day's session, Dr. Mihran K. Kassabian, Sciagrapher to the Medico-Chirurgical College and Hospital, read a paper on the "Technique of X-ray Work," a subject which he is peculiarly fitted to handle and elucidate, owing to his long experience in practical work of this kind in the hospital and in the United States service during the Spanish-American War.

The official program gives the full titles of the twenty-five papers read, which were strictly confined to sciagraphy as a central subject, together with, of course, its application in medicine, surgery, and dentistry.

The constitution of the new society sets forth its objects in Article 2 as "the advancement of the knowledge of practical work and allied arts and sciences." The promoters of this branch of surgery and medical science, systematic, original research, and, in a word, "of all means adapted to the practical application of the x-ray for the benefit of the community and physical improvement of man."

The membership is limited in strict conformity to its objects to such as are interested in a practical way with x-ray work, its development and application, including physicians, surgeons, dentists, and scientific investigators.

Its government is vested in the officers, who are aided in their work by special committees.

At this meeting papers were read by Dr. J. N. Scott, Kansas City, Mo.; Dr. C. Edmund Kells, Jr., New Orleans, La.; Dr. F. Wesley Sells, Murray, Ia.; Dr. E. A. Florentine, Saginaw, Mich.; Dr. William Rollins, Boston, Mass.; Dr. Carl Beck, New York City; Dr. S. H. Monell, New York City; Weston A. Price, D.D.S., M.E., Cleveland, O.; Dr. J. M. G. Beard, Fruita, Col.; Dr. Joseph Hoffmann, Vienna, Austria; Dr. J. Rudis-Jicinsky, Cedar Rapids, Ia.; Dr. J. Mount Bleyer, New York City; Prof. A. Tripier, M.D., Paris, France; Dr. John T. Pitkin, Buffalo, N. Y.; Dr. L. A. Weigel, Rochester, N. Y.; H. Westbury, Harrison, N. J.; Prof. Elmer Gates, Chevy Chase, Md.; Dr. G. P. Girdwood, Montreal, Canada; Dr. A. H. Schwab, Brooklyn, N. Y.; W. C. Fuchs, Chicago, Ill.; E. W. Caldwell, New York City.

Septic Erythema during Follicular Tonsillitis.—Dehio reports the case of a hospital nurse, aged 23, who had a rigór, and follicular tonsillitis appeared; the next day

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there were repeated rigors, and the temperature mounted to 104° F., and a maculo-papular eruption appeared, first on the backs of the hands and feet, spreading to the legs, thighs, neck, face, and nates. The individual bright-red spots increased in size, and became dark livid in the centre. Severe general symptoms appeared, the tongue was thickly coated, sores on the lips, constant retching and vomiting, albuminuria, enlarged spleen, and violent delirium. By the sixth day the symptoms attained their height, and the eruption was universal and in places formed large confluent patches, the tonsils and pharynx were intensely red and swollen, the pulse 120 to 130 and small, soft, and irregular. The temperature then fell suddenly and became normal on the thirteenth day of the disease. The eruption faded as the temperature fell, leaving yellowish-brown pigmented patches and desquamation. Convalescence was tedious and complicated by severe muscular pains. The finger-nails were shed by the seventh week. This rash, which was a multiform erythema, was evidently due to septic infection, and, therefore, resembled the rashes of pyæmia and puerperal fever.—Medical Times and Hospital Gazette.

Leucopathia Unguium.—The whitening of the nails often seen in small patches and which has been a matter of superstition, etc., for generations is noticed by Heidingsfeld. He mentions the three divisions made by Unna,—viz.: leuconychia punctata, where the predominating lesions are in the form of spots; leuconychia striata, where they are in the form of bands or striæ; and leuconychia totalis, where they involve the nail in its entirety,—and criticises the classification. Leuconychia striata is not so uncommon a condition as has been supposed. He has seen seven well-marked cases in fourteen months, while slight degrees of the condition have been observed in almost twice as many. Several cases are illustrated, and he finds that in all well-marked ones the cuticle-knife has been used to trim and keep back the nail-fold. There are, no doubt, other agencies than traumatism which cause leuconychia. It is a well-established fact that it has been noticed in anæmia, multiple neuritis, typhoid, measles, and other febrile diseases associated with general malnutrition. The striate and punctate forms indicate an intermittent cause, while the total form indicates a constant factor or one with but slight intermittence; so that normal nail-substance has not been produced. The almost universal statement that the pathological change in leuconychia is due to infiltration of air is opposed by the author on the basis of microscopical examinations. He finishes his paper by saying that leuconychia is the result of some pathological change of structure of a plane of nail-cells, approximating a failure of the affected cells to undergo normal, physiological keratinization. The cause may be trauma, malnutrition, febrile diseases, neuroses, or any agency which disturbs the growth, development, or keratinization of matrix-cells in their change to nail-structure. Infiltration of air is absent, and there is no rational physiological basis for such a theory.—Journal of the American Medical Association.

Gifts to the Chicago College of Physicians and Surgeons.—Fifty thousand dollars has been given to the College of Physicians and Surgeons, of Chicago, for endowment purposes by two members of the faculty. Dr. William E. Quine, dean of the school, gives $25,000 to endow the college library, and Dr. D. A. K. Steele gives $25,000 to endow the pathological laboratory. The gifts are conditional upon the purchase by the trustees of the University of Illinois, of which the College of Physicians and Surgeons is a part, of a building suitable for the library and the laboratory. The income from Dr. Quine's gift will be devoted to the purchase of books. —Medical Record.

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Professor Leech's Bequest to Owens College.—Under the will of the late Dr. D. J. Leech, Professor of Materia Medica and Therapeutics in the Owens College, Manchester, that College will eventually benefit to the extent of £10,000, which Dr. Leech bequeathed for the purpose of endowing a Chair of Materia Medica and Therapeutics.

Thanksgiving Concert at the Insane Department of the Philadelphia Hospital.—It was the privilege and pleasure of the Editor of THE MEDICAL BULLETIN to be present on the morning of Thanksgiving Day at a peculiarly-interesting celebration. For years it has been customary with Dr. and Mrs. Hughes to encourage the practice of music by the unfortunate lunatics under their charge. Those inmates who are found to possess some capability in that direction are given the opportunity to exercise and cultivate their gifts. In this manner there has been trained an effective chorus, while some of the inmates are able to render solos, duets, quartets, and instrumental music. On holiday occasions—like Easter, Thanksgiving, and Christmas—all the talent of the house is brought into requisition, and a concert is given for the pleasure and benefit of the inmates, with the invited guests.

"Music hath charms to soothe the savage breast." The insight of the poet grasped a truth which is not always as well appreciated as it should be by medical men. The kindly efforts of Dr. and Mrs. Hughes have enabled the skilled talent of that lady to demonstrate on a large scale the efficacy of music in soothing the deranged intellect. These performances are to the full as highly enjoyed by the unfortunate lunatics as by the visitors. The Mayor of Philadelphia graced the entertainment with his presence, and expressed, in an address, his enjoyment of the performances and satisfaction at knowing that the demented poor of the city had such cordial friends. The editor and likewise testified to the success of the enterprise and the occasion.

Visitors to London are always both pleased and touched to listen to the singing of the children from the Foundling Home. A similar chord of feeling is touched here at home in Philadelphia when one looks upon that concourse of performers and audience at the Insane Department of the Philadelphia Hospital. These poor inmates are the wrecks of life's storms. Yet, destitute and demented as they are, they are witnesses to the power of the divine art of music.

As a souvenir of the occasion we append the program:—

CONCERT

INSANE DEPARTMENT—THANKSGIVING MORNING, 1900.

Opening by All,
"Columbia, the Gem of the Ocean."
Class Selection....."Nancy Lee."
Overture by Orchestra....."Lustspiel."
Class Selection,
"Blue Alsatian Mountains."
Duet and Class Chorus,
"In the Starlight" (May and Ellen).
Piano Solo,
"At an Ole Virginia Wedding" (Mary).
Solo....."Old Black Joe" (Irvine).
Orchestra Selection,
Waltz, "Daughter of Love."
Solo and Class Chorus,
"Sweet Bunch of Daisies" (Newton).
Class Selection...."Yachting Glee Song."
Singing by All,
"Marching Through Georgia."
Solo and Quartet Chorus,
"My Creole Sue" (Clara).
Trombone Solo,
"Asleep in the Deep" (Barrow).
Duet and Class Chorus,
"My Little Georgia Rose"
(Lena and Sarah).
Orchestra Selection,
Gavotte, "Circus Renz."

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Baritone Solo,
"The Song that Reached my Heart"
(Harry).
Duet and Class Chorus,
"Every Race has a Flag but the Coon"
(Annie and Kate).
Orchestra Selection,
"Hands Across the Sea."
Class Medley...."Good-bye to the Blues."

Pigmentation after an Acute General Lichen Planus.—Galloway exhibited before the Dermatological Society of London a young woman, aged 24, who presented a large amount of sepia-brown pigmentation in patches and spots. These were especially distributed on the lower part of the abdomen, the upper part of the thighs, and, to a less extent, above the knees and arms. It was stated that she had suffered till quite recently, and dating back for a period of three months, from an eruption which consisted of slightly-scaly spots and patches. On examining the lesions present, it was found that the pigmented areas and their neighborhood showed distinct traces of slight atrophy of the skin, and on the front and inner surfaces of the thighs were numerous disappearing lesions of lichen planus. There could be no doubt that the condition was one of pigmentation remaining after an acute general outburst of lichen planus, and the reason for bringing the patient before the society was to inquire whether the amount of pigmentation present in this case, which was more than is usual, could result from the attack of lichen planus itself without the administration of arsenic. Several of the members concurred in the belief that even more severe pigmentation than in the case presented might be produced by attacks of lichen not treated by arsenic.—International Medical Magazine.

Ladies' Home-Journal.—"Jerusalem as we See it To-day," by Mrs. Lew. Wallace; "Where the Children See Saint Nick," "Two Christmas Days at Rock Farm," "The Fourteenth Man," "Two Women's Gifts of Twenty-five Millions," "The Innkeeper's Daughter who Dissolved a President's Cabinet," "What May Happen in the Next Hundred Years," give seasonable and general interest to the Christmas Ladies' Home-Journal. "The 'Little Men' Play," a dramatization of Louisa M. Alcott's charming story, will be sure to meet popular favor. There are also some new "Bear Stories" by Charles Major, another chapter of Elizabeth Stuart Phelps's humorous domestic serial, and the third chapter of "The Story of a Young Man." In "The Christmas that Remains" Edward Bok urges a return to the simpler celebration of the festal day, and "An American Mother" answers the query: "Why are we Women not Happy?" The first of W. L. Taylor's series of paintings, depicting "The Last Hundred Years in New England," is presented. It portrays "The Traveling Shoemaker," and is an excellent companion piece to A. B. Frost's "When the Circus Comes to Town." A large double page, "Through Picturesque America," shows some beautiful views of the Yosemite Valley. There are plans for "An Old English Country House for $7000," and for "A Northern Farm-house to Cost $3000," and a variety of practical articles, especially helpful in the holiday season.

The Jerusalem of To-day.—"There is no warm nor bright color here; all is grim and gray except the blue tiles in the Mosque of Omar," writes Mrs. Lew. Wallace of "Jerusalem as we See it To-day," in the December Ladies' Home-Journal. "The shadow of the Crucifixion rests on the place forever; a strange stillness reigns, and laughter would seem like laughter beside an open grave. Women, veiled in white, glide through the dark, crooked alleys like tenants of a city of spectres, and even the children, subdued by the overwhelming gloom, are silent beyond the wont of Orientals. Ruins, ruins, at ever hand! Well has the prophecy been fulfilled: 'Jerusalem shall become heaps.'

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The very stones of the streets are dismal, worn away with burdens borne since they rang with the tramp of legions and glittered with the brassy armor of the masters of the earth. Men may come and men may go, but never since the Omnipotent Hand stretched the north over the empty space and hung the world upon nothing has there been a race like the race descended from that wolf brood on the Tiber. Outside the walls—saddest sight where all is sadness—are ancient Jews come merely to die in the land of their love. A few in whom there is much guile offer for sale talismans, gems of magic, rings of occult power. The greater number sit in the sun, motionless as statues, without the dignity that should accompany age, in poverty past telling, dreaming away the day and night —apparently without hope, except to have a little holy dust laid on their eyelids when they shall have closed them to sleep with patriarchs and seers in the Valley of Jehoshaphat."

American Monthly Review of Reviews.—In the December Review of Reviews the editor comments on the new army-bill, the problem of reapportionment in the South, the Isthmian Canal, and other matters that will engage the attention of Congress at the approaching session; the results of the census of 1900, with reference to the proposed admission of new States and representation in Congress; the meaning of the national election; the Cuban Constitutional Convention; the elections in Porto Rico and Hawaii; the Liberal victories in Canada and Newfoundland; the Chinese negotiations, and European politics, both internal and international. Among the contributed features are articles on "The Cuban Republic—Limited," by Walter Wellman; "Governor-elect Odell, of New York," by Dr. Lyman Abbott; and "Marcus Daly, Empire-Builder," by Samuel E. Moffett. There is also an interesting chronology of the career of William McKinley, the eighth President to be re-elected for a second consecutive term.

"A Hundred Years of the District of Columbia" is the title of an illustrated article contributed, apropos of the centenary of the national capital, by Dr. Albert Shaw. This article gives the important facts in the history of the federal district, and tells what is most worth knowing about the construction and plans of the great public buildings there located. It is a subject in which every citizen has an interest whether he has ever visited Washington or not.

The December issue is unusually rich in literary articles. Mr. Charles Johnston contributes a discriminating estimate of the late Max Müller; Mr. Hezekiah Butterworth, writing on "The Old Age of New England Authors," enumerates an astonishing list of writers who have continued active long after passing the allotted threescore years and ten; Mr. Ernest Knaufft describes the artistic developments of recent years in the manufacture of holiday-books, illustrating his article from the present season's holiday output in the book-trade; and Mr. Talcott Williams writes on the new fiction, from both publisher's and author's point of view. The new novels, books of history and travel, and books for children and young people are reviewed in separate illustrated articles.

Epilepsy Terminating in General Paralysis.—Wattenberg describes a case of genuine epilepsy terminating in general paralysis. The occurrence of epileptiform seizures and similar attacks is well known in general paralysis, and the literature shows a few cases in which a strong suggestion of epilepsy has been given by preceding symptoms; but, with a liberal interpretation of the phenomena of general paralysis and the recognition of a longer duration of the disease than the limit of two years which was formerly accepted, these occurrences may be taken as the pro-

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dromal manifestations. The author's case showed pure epileptic seizures at the age of eight, which increased in intensity until his admission to a hospital in a state of epileptic *status* at the age of thirty-three. Four years later he was again admitted into a general hospital with the diagnosis of "psychopathia epileptica," two years later again, and this time was transferred to a hospital for the insane. Here he developed expansive ideas and other mental and physical symptoms characteristic of general paralysis, of which he died. Trauma, alcoholism, and syphilis were positively excluded. The case is the first of its kind on record, and justifies the following conclusions derived by the author:

1. It is shown that genuine epilepsy, to this time regarded as an independent, well-defined psychoneurosis, may precede general paralysis, and may terminate in the latter.

2. It is also demonstrated that general paralysis is not necessarily due to lues, but may develop entirely independently of venereal disease.

3. It is finally made evident that similar appearances both clinically and pathologically may be present in genuine epilepsy as well as in general paralysis, and that these in susceptible individuals may be due to certain endogenous toxins. — Albany Medical Annals.

The Siege of the Embassy at Peking.— The world has never known a more dramatic situation than that presented by the foreign community within the walls of Peking while cut off from communication with their countrymen. During these long, doubtful weeks, the most interesting figure in this international tragedy was Sir Robert Hart, who for more than twenty-five years has been, as far as a European might, the statesman guiding the affairs of the Chinese Empire. Those familiar in any degree with Eastern conditions hoped, after the relief of Peking, that Sir Robert would break his long rule of silence and give to the world his story of the events which led to the closing of the gates of the British Legation, and his views as to the policies which should prevail in the settlement of the difficult questions which had arisen. On the 17th of October, the following cable-message from Sir Robert's London representative to the Editor of the Cosmopolitan was received: "Sir Robert Hart has sent for November number Fortnightly, London, and Cosmopolitan, New York, an important article on siege of Peking, about fifteen thousand words, which I will post you to-morrow."

The MS. arrived in time to be included in the December issue. It will be read with the deepest interest, both by statesmen and the general public.

Scribner's Magazine. — The Christmas Number of Scribner's Magazine shows three different kinds of color-printing. Eight illustrated short stories, showing great variety in subject, are included in the number. Frank R. Stockton contributes one of his most amusing conceits, entitled "The Vice-consort," the story of a woman who was chosen for the second wife of their husbands by fond but jealous wives.

Henry Van Dyke tells a story of the Hudson-Bay region in which the chief character is a misunderstood dog, named "Pichou." Thomas Bailey Aldrich, whose fiction is seldom seen of late, contributes "An Untold Story": a romantic incident connected with Budapest. "The Lion's Mouth" is a farcical comedy of modern New York, by Alice Duer and Henry Wise Miller.

"Johnny Bear" is another animal story by Ernest Seton-Thompson, which gives the adventures of a bear-cub in Yellowstone Park. "The Emigrant East," by Arthur Colton, is a story of an old bookworm and his neice, and two lovers, who are firemen, living in the engine-house near by. "The Woman that Understood," by Octave Thanet, is the tale of a senti-

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mental friendship. "The Crane," by Francis Churchill Williams, is a romance which centres around the driver of a great crane in a steel mill.

W. C. Brownell, the essayist, contributes a most appreciative criticism of George Eliot's fiction, calling attention to the recent neglect of that writer, and speculating as to the causes of it. Frank Fowler, the artist, discusses "Portrait Painting and the State." The poetry of the number is contributed by the late Richard Hovey, Gertrude Hall, William Vaughn Moody, and Bertha G. Woods. There is a Christmas "Point of View," by E. S. Martin.

Obituary.—Our British brethren lament the loss of Alfred William Hughes, Professor of Anatomy at King's College, London. Professor Hughes died prematurely at the age of 39 of typhoid fever contracted in South Africa. The deceased was a native of Wales, had had a brilliant career, was an unusually successful teacher, and was highly esteemed by all with whom he was brought in contact. From the British Medical Journal we learn that "he originated the Welsh Hospital; he formed a committee, appealed successfully for funds for its equipment, and made all arrangements for details. In June, when the efficiency of the Welsh Hospital appeared to be imperiled by a succession of deaths and by other difficulties, his feeling of personal responsibility to those who had gone out at his instigation, led him to volunteer to proceed to South Africa. All troubles seemed to vanish as soon as he arrived, but when he left, after nearly four months of strenuous effort, he carried with him the germs of enteric fever, the disease to which he has now succumbed. The first symptoms appeared within a few days of embarkation. On arriving in London he was placed under the care of his friend and colleague, Dr. Tirard, with whom Dr. Frederick Roberts was frequently associated in consultation. In spite of unremitting attention, the weakness of the circulation, which had been noted on his arrival, gradually increased, and he passed away peacefully in his thirty-ninth year."

Removals.—Dr. Edmund K. Perrine has removed to the Professional Building, 1831-1833 Chestnut Street, Philadelphia.

Dr. Ernest W. Kelsey, has removed to 1131 Spruce Street, Philadelphia.

St. Louis Academy of Medical and Surgical Sciences.—The following officers were elected for 1901: President, Dr. Emory Lanphear; senior vice-president, Dr. Carl Pesold; junior vice-president, Dr. H. S. P. Lare; secretary, Dr. O. L. Suggett; treasurer, Dr. G. M. Phillips; orator, Dr. William Porter; librarian, Dr. H. G. Nicks.

City Hospital of Cincinnati.—Dr. Chauncey D. Palmer, of Cincinnati, has resigned from his position as gynæcologist and obstetrician to the city hospital. He will be succeeded by Dr. John M. Withrow.

Upon the Color of Living Rachitic Bone as Found during Mastoid Operations in Rachitic Children.—Muck says that in major operations the aurist has presumably greater opportunity than the general surgeon to see the interior of a rachitic bone, for he frequently meets with cases of purulent inflammation of the pneumatic cavities of a mastoid process and of purulent disintegration of the surrounding bone in rachitic patients. The macroscopical condition of a rachitic mastoid during life differs from that on the post-mortem table, where the bone, by decreased blood-supply, and perhaps also by other post-mortem changes, has lost the bright-rose color which it has during life. Only its softness, offering no resistance to the knife, is alike both in living and dead bones. The light-rose color is not due to the hyperæmia of underlying structure shining through the chalkless bone, for it is the same at the thin, squamous portion of the temporal bone as it is at the compact (not yet pneumatized) parts. It is solely brought about

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by the increase of the vascular and medullary formations. It is remarkable that this hyperæmic bone does not bleed upon chiseling, as we are accustomed to see it in infectious inflammations of the bone.—Medical Record.

Philadelphia Hospital. — The Council's Committee on Charities and Correction has recommended favorably the appropriation of $130,000 for the erection of new buildings as additions to the Philadelphia Hospital, as follows: $50,000 for enlarging the buildings of the insane department; $35,000 for erecting a children's hospital; $10,000 for erecting a maternity house; and $35,000 for erecting a building for the treatment of infectious diseases.

Dissemination of Cancer.—F. Reiche has made a special study of the occurrence of cancer at Hamburg, and in his article tabulates statistics which demonstrate that the dissemination of cancer has no appreciable connection with the supply nor the quality of the water, nor with the density of the population, wealth or poverty, nor with the higher or lower elevation above the river of different portions of the city. The figures also show that cancer of the chiefly-affected organ, the alimentary canal, has not increased during the last twenty-eight years out of proportion to the rest. This fact disproves the recently-advanced theory that the general increase in the spread of cancer is due to the more abundant meat diet. This theory is also controverted by the fact that cancer does not occur predominantly in gouty subjects. —Journal of the American Medical Association.

Tufts' Medical School.—Tufts' Medical School, Boston, has increased its faculty by the appointment of Dr. George W. Kaan as Assistant Professor of Clinical Gynæcology; Dr. Timothy Leary, as Professor of Pathology and Bacteriology; Dr. E. Channing Stowell, as Assistant Professor of Children's Diseases; Dr. Horace D. Arnold, as Professor of Clinical Medicine, and Dr. Herbert W. White, as Assistant Professor of Theory and Practice of Medicine. The new building for the school will be ready about May 1, next.

University of Tennessee. — Dr. William D. Haggard, Jr., of Nashville, has been elected to fill the chair of gynæcology and diseases of children in the medical department of the University of Tennessee, formerly occupied by his father for many years.

Prize Essay on Epilepsy. — We learn from the Journal of the American Medical Association that Dr. Frederick Peterson, president of the board of managers of the Craig Colony for Epileptics, at Sonyea, N. Y., offers a prize of $200 for the best original unpublished contribution to the pathology and treatment of epilepsy. All manuscripts should be submitted in English. The prize is open to universal competition. Each essay must be accompanied by a sealed envelope, containing the name and address of the author and bearing on the outside a motto or device, which is to be inscribed also on the essay. All papers received will be submitted to a committee of three members of the New York Neurological Society, and the award will be made on its recommendation, on October 8, 1901. Manuscripts should be sent to Dr. Frederick Peterson, 4 West Fiftieth Street, New York City, on or before September 30, 1901.

Section of Therapeutics, etc.—A section on Materia Medica, Therapeutics, and Pharmacology of the Medical Society of the County of Kings (N. Y.) has been formed. Dr. F. S. Kennedy is chairman and Dr. J. F. Golding, secretary. Stated meetings will be held on the first Tuesday of each month.

Aneurismal Rupture into Superior Vena Cava.—Dr. Alfred Stengel, of Philadelphia, reported a case of aneurism of the aorta which ruptured into the superior

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vena cava, the condition being recognized during life. The patient was a workingman, 30 years of age, who felt something give way in his chest, after which an intense sense of oppression developed. Great swelling of the neck and upper part of the body down as far as the waist-line ensued. The lower part of the body was perfectly normal. Great cyanosis also developed. Death took place only after twenty-four days. It is surprising how long the duration of such cases is. One patient was alive seven months after the condition developed. In another case recovery seems to have taken place. The great lividity would tempt an attending medical man to do venesection. It is probable, however, that venesection would do more harm than good. It prevents the equalization of pressure by the venous blood, which would cause clotting in the aneurism itself and so lead to the only hope of relief from the condition. — Georgia Journal of Medicine and Surgery.

Dr. Senn's Gift to a Medical College.— Rush Medical College in Chicago is to have a new $80,000 building, for which Dr. Nicholas Senn has just given $50,000. The new building will be principally used for clerical purposes, and will be named Senn Hall.

A Medical Mayor in France.—The present mayor of Lyons, France, is Dr. Augageur, who is at the same time professor in the medical faculty and surgeon-in-chief at one of the hospitals. His predecessor in the office of mayor was also a physician, and occupied the position for thirty years.

The Movability of the Heart. — Sears quotes Determann's experiments, made with the Roentgen rays and percussion, showing the movability of the heart with change of position. In healthy subjects he found that turning on to the left side produced an average dislocation of the heart of 2 1/2 centimetres to the left and 1 centimetre upward; turning on to the right a change of 1 1/2 centimetres to the right and about 1/2 centimetre upward. Only exceptionally was a change lacking; in some cases it was quite small, in others as great as 6 1/2 centimetres to the left and 4 centimetres to the right, without distress to the subject. These greater movements were found, however, to occur, as a rule, in individuals flabby and ill nourished, and in such was often found also evidence of loosely-anchored abdominal organs. There were certain influences of sex, age, and occupations; thus, women, as a whole, have more freely movable hearts than men, especially after child-bearing, or tight stays; children have little sign of it, the newborn scarcely any; old people only slight. Individuals of sedentary occupation and feeble muscular development are especially subject to the condition. The physiological effect of the full stomach is noted, and also anything which tends to elevate the diaphragm. During the latter part of pregnancy the heart is much pushed up and compressed, and thus shows very little movability. Immediately after delivery, however, the highest grade is found, and the apex may be dislocated on the left side as far as 9 centimetres from its original position.—Medical Standard.

St. Luke's Hospital, South Bethlehem, Pa.—E. P. Wilbur, formerly president of the Lehigh Valley Railroad, has donated $10,000 to St. Luke's Hospital, of South Bethlehem, the income of which is to be devoted to the support of the children's ward. Samuel Thomas, Catasauqua, will build an operating-ward for the hospital to cost $10,000.

Mercy Hospital, Wilkes-Barre, Pa. — Mercy Hospital, Wilkes-Barre, has elected Drs. Samuel M. Wolfe and Edward C. O. Wagner, members of the surgical staff.

Post-pneumonic Paralysis.—It has been recognized for some time that paralysis may occur after pneumonia. Janakief has made a special study of this subject. This

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author divides post-pneumonic paralyses into two groups: (*a*) early; (*b*) late. In the first group the paralysis appears at the beginning or during the course of pneumonia, and is usually of a monoplegic type, sometimes hemiplegic, rarely paraplegic. The hemiplegic type has been particularly noticed by Charcot and Vulpian. In the second group are included cases which appear quite at the end of the disease or during convalescence. The forms are very variable, being sometimes paraplegic, crossed, purely localized, or ascending paralysis of the paraplegic type. The author quotes Boulloche as stating that these forms of paralysis are essentially marked by their diffuseness, their liability to affect the lower limbs, and, in the great majority of cases, by their curability. They differ absolutely in their course from permanent forms of paralysis due to other causes. According to Janakief's investigations, they are apt to follow severe attacks of pneumonia, especially when epidemic in form. According to this writer, the most frequent period for their appearance is within a fortnight of the crisis, although an earlier occurrence is not exceptional. The first thing which the patient may complain of is itching, tingling, a certain degree of numbness in the limbs, or a sensation of cold in the legs or arms. In some, mydriasis or ptosis may be the first symptom, with a feeling of constriction in the pharynx with difficulty in swallowing. There may be pain in the back of the neck, also paralysis of the palate. Very frequently the legs are attacked first, afterward the arms. In other cases the paralysis may remain localized in an arm or leg. In a short time symptoms become more marked, the legs become flexed and do not respond to voluntary stimulus. The grip becomes enfeebled, and objects are allowed to drop; the fingers become flexed in the palm and immovable. Walking becomes more and more difficult, and the patient is obliged to take to bed. Frequently these paralytic phenomena are accompanied by more or less pain, especially in the neighborhood of the joints. Alterations of sensation are very slightly marked. Muscular atrophy is usual, but varies considerably in its intensity. Although it is usually located in the limbs, this form of paralysis may affect other parts, such as the palate and ocular muscles, internal and external. In ocular cases there is progressive improvement in all the symptoms, and, in fact, in the majority of cases recovery is complete. The duration varies. Some cases have lasted from 12 days to 3 or 4 weeks, others 2, 3, 7, or 12 months. In some exceptional cases death is due to generalization of paralysis extending to the bulbar region. These paralyses are grouped under the class of polyneuritis, but, so far, the lesions present have not been exactly determined, and it may be supposed that they are due to the action of pneumonia toxin on the ocular or peripheral nerves. The prognosis depends, therefore, on several factors: the nature of the pneumonia, the form and seat and extent of the paralytic lesions. It may be stated, therefore, that, with some exceptions, post-pneumonic paralysis is a form of peripheral neuritis which tends to recovery.—British Medical Journal.

Nova Scotia Branch, British Medical Association. — The election of officers resulted as follows: President, Dr. G. C. Jones; vice-president, Dr. Thomas Walsh; treasurer, Dr. M. A. B. Smith; secretary, Dr. C. D. Murray; council, Drs. Ross, Kirkpatrick, Murphy, Walsh, Trenaman, Major Peeke and Dr. G. M. Campbell. Representative on General Council, Surgeon-General O'Dwyer.

Harvard University.—A chair of hygiene is to be established at Harvard, $156,000 having been donated for this purpose.

Rohe Memorial. — The Rohé Memorial Committee has engaged sculptor Ephraïm Keyser to make a bronze portrait tablet of

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Dr. Rohé. The committee proposes also to establish in the library of the medical and chirurgical faculty a Rohé alcove, consisting mainly of works on hygiene.

Dr. Beverly Cole.—Dr. R. Beverly Cole, ex-president of the American Medical Association, San Francisco, was tendered a banquet, October 26th, to celebrate the semicentenary of his entry into the practice of medicine. He was presented with a silver plate suitably engraved with a preamble and resolutions signed by the president and faculty of the University of California.

A Memorial to the late Dr. Skene.—A movement is on foot among the women of Brooklyn to establish a memorial to the memory of the late Dr. Alexander J. C. Skene.

The Medical Society of the County of New York.—The recently elected officers of the society are: President, Dr. George B. Fowler; first vice-president, Dr. Charles N. Dowd; second vice-president, Dr. Irving S. Haynes; secretary, Dr. John Van Doren Young; assistant secretary, Dr. Fred. P. Solley; treasurer, Dr. John S. Warren; censors, Drs. Frank Van Fleet, Henry S. Stearns, Wendell C. Phillips, Robert Lewis, and Louis A. Rodenstein.

Edinburgh Royal Infirmary.—Dr. Robert Fleming, Senior Pathologist to the Edinburgh Royal Infirmary and Lecturer in Medicine in the Extra-academical School, has been appointed Assistant Physician to the Edinburgh Royal Infirmary.

Glasgow University.—Dr. Samson Gemmell has been appointed Professor of Clinical Medicine to succeed Professor McCall Anderson.

The Gonorrhœal Nervous Diseases.—A. Eulenburg calls attention to the fact that, while nearly every other part of the body has its distinct series of maladies to which a gonorrhœal etiology is attached, the nervous system appears to have been somewhat neglected in this regard. This omission he then proceeds to rectify by describing fourteen cases of nervous disease apparently directly traceable to a specific urethral infection. In considering the secondary nerve-lesions due to the gonococcus three classes are to be made: 1. Neuralgic affections, especially gonorrhœal sciatica. 2. Various forms of muscular atrophy or dystrophy, and atrophic palsies. 3. Gonorrhœal neuritis in its more restricted sense, as mononeuritis or polyneuritis, and gonorrhœal myelitis. In order to establish a connection between the infection and the disease a single coincidence of symptoms is not sufficient, but a general consideration of the points involved in each particular case is necessary. Important factors are the simultaneous occurrence of urethritis with or without the presence of gonococci in the secretion, the existence of other metastatic specific lesions, epididymitis, endometritis, endocarditis, or arthritis; or symptomatic peculiarities of the nerve affection itself.—Medical Record.

American Public-Health Association.—The following officers were selected for the ensuing year: President, Dr. Benjamin Lee, Philadelphia, Pa.; first vice-president, Mr. Rudolph Hering, New York City; second vice-president, Dr. J. N. Hurty, Indianapolis; secretary, Dr. Charles O. Probst, Columbus, Ohio; treasurer, Dr. Henry D. Holton, Brattleboro, Vt.

Buffalo was selected as the place for holding the next annual meeting.

Royal Infirmary, Manchester.—Mr. William Thorburn, F.R.C.S.Eng., Senior Honorary Assistant Surgeon to the Royal Infirmary, Manchester, has been unanimously appointed Honorary Surgeon in succession to Mr. Walter Whitehead, who has resigned. Mr. Whitehead has been appointed Honorary Consulting Surgeon.

Shreveport (La.) Charity Hospital.—Dr. Randell Hunt has been elected surgeon-in-chief of the Shreveport Charity Hospital.

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The Complications of Diphtheria. — In the medical supplement to the fourteenth annual report of the Metropolitan Asylums Board, recently published, some interesting statistics are given showing the incidence of complications occurring among 8310 cases of diphtheria which were treated in the twelve fever hospitals during 1899. Albuminuria was discovered in 37 per cent. of the cases; post-diphtherial paralysis occurred in 20.5 per cent.; there was a relapse of the disease in 2 per cent. of the cases; broncho-pneumonia supervened in 1.2 per cent.; otitis media in close upon 6 per cent.; lobar pneumonia in 0.2 per cent., and nephritis in 0.6 per cent. The disease was complicated with scarlet fever in 4.3 per cent. of the cases, with chicken-pox in 1 per cent., and in less than 1 per cent. of the cases with measles, whooping-cough, German measles, tuberculosis, enteric fever, erysipelas, and parotitis. — British Medical Journal.

Illinois State Board of Health. — Dr. George W. Webster, of Chicago, has been appointed a member of the Board in succession to Dr. R. F. Bennett, who has been chosen superintendent of the State Hospital for the Insane at Anna.

Clinical Society of Washington, D. C.— The recently-elected officers for the ensuing year are as follow: President, Dr. Charles C. Marbury; vice-president, Dr. Duff G. Lewis; secretary and treasurer, Dr. J. Carlisle de Vries.

Medico-Chirurgical Society of Montreal. —The Medico-Chirurgical Society of Montreal has elected the following officers for the ensuing year: Dr. J. Perrigo, president; Dr. Stirling, first vice-president; Dr. Macarthy, second vice-president; Dr. Bazin, secretary; Dr. Jack, treasurer; and Dr. Lockhart, librarian.

A Lymphatic Anæmia Met with in Children.—Dr. A. MacGregor calls attention to a form of anæmia occurring only in children, of which he has found no account in medical literature. From a study of twenty-three cases, seen by him, he formulates the following description of the conditions: It occurs between the ages of three and sixteen years, the majority of cases being in boys. It runs a very chronic course, and recovery is the rule. There is a characteristic adenitis; the glands are small and hard, and they are always numerous in the cervical triangles and the groins. They do not become tuberculous. The mesenteric glands are affected, but abdominal symptoms are rare. The spleen is often enlarged. The anæmia may not be very marked, but is always distinct. There is always a large increase in number of the leucocytes of the blood, the increase being chiefly of the large uninuclear forms. They may form 40 per cent. of the total, instead of 8 per cent., as in normal blood. The family history is usually negative. There is a history of gradually-failing health, with loss of flesh and strength. Cough is frequent, being worse at night. The best remedies are arsenic, iron, and codliver-oil, and on these the patients usually recover, but always very slowly.— Journal of American Medical Association, from the Lancet.

Diseases of the Organ of Hearing in Pernicious Anæmia. — Schwabach reports 7 cases, in 5 of which subjective noises were present; by 3 of these patients the noises were heard in both ears and by 2 in one ear only. The 2 remaining patients could give no information on this point on account of their condition (delirium, somnolence). Deafness was complained of by 3 of the 5 patients by whom subjective noises were heard, but in 1 of them only one ear was affected, and in another the deafness of one ear was due to an old traumatism, so that this ear must be left out of account. There remain, therefore, 4 ears in 3 of which the hearing was markedly impaired (voice close to ear), while the fourth could distinguish whispered words at 2 to 3 *m.*

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Accurate tests with tuning-forks could be made in only 2 of the patients, comprising three affected organs of hearing, and in another air- and bone- conduction were tested with fork *c* only. The results of the examination of the first 3 cars were as follow: Low forks (16, 32, 48 vibrations) were not perceived in any case; *c* (128 vibrations) and c^4 (2048 vibrations) also were not heard by 1 of the ears, while the period of perception of the 2 remaining ears was shortened for these forks. In 2 of the ears perception of *c* through mastoid was lengthened by 7 and 2 seconds, respectively; in the other shortened by 4 seconds. Rinné was negative in 2 cars, and in the third was of no value as a test, since *c* could not be heard at all through air.—Medical Record.

Child's Hospital, Albany, N. Y. — The Child's Hospital, Albany, has made the following changes in its visiting staff: Drs. Alvah H. Traver, Charles E. Davis, and Arthur W. Elting were made attending surgeons, and Drs. Andrew MacFarlane and Henry L. K. Shaw, attending physicians.

Caledonian Medical Society. — At the last meeting, in Liverpool, Eng., the officers elected for 1901 were: President, A. C. Clark, M.D., F.F.P.S.G.; vice-president, O. Grant, M.B., D.P.H.; editors of journal, W. A. Macnaughton, M.A., M.D., D.P.H., and A. Little, M.B.; secretary and treasurer, S. R. Macphail, M.D.; auditor, J. R. Logan, M.B. The next meeting is to be held at Glasgow, Scotland.

Gangrene of the Leg Following Typhoid Fever.—At the meeting of the Canadian Medical Association Dr. H. H. Chown, of Winnipeg, reported two cases of gangrene of the leg following typhoid fever, which had recently come under his observation. In the first case the patient had the classical symptoms of typhoid fever, the spots appearing at the end of the first week and being very numerous. Great pain set in in the calf of the leg, with collapse symptoms, while the limb was cold and bloodless. Cutaneous sensibility was lost over the leg. The third day after the complication set in the part involved included the lower third of the leg on the inner side, and the lower half on the outer. Amputation was performed at the junction of the upper and middle third of the femur. Patient stood the operation well. The temperature before the operation was 102.6; pulse, 120. On the following day the temperature was normal, and the pulse 110. On the tenth day the flaps were united. There was a rise of temperature a few days later—a relapse, with hypostatic congestion of the lungs. On the fifth day after there was hæmorrhage of the bowels. The patient is now the picture of health, weighing 200 pounds. The second was a somewhat similar case in which the blood reacted early and promptly to the Widal test. The gangrene began in the first case on the eleventh day; in the second on the ninth. Keen reports gangrene on the fourteenth day. The gangrene in the second case extended to the upper and middle third of the leg. The leg was amputated and prompt union took place throughout. —Dominion Medical Monthly.

Gonorrhœa and Syphilis in Regard to Sickness and Life-insurance.—The history of an attack of syphilis in the antecedents of a person wishing to insure his life or to make some provision against sickness is always regarded as a detail of considerable importance in estimating the value of the proposal; while, on the other hand, not much stress is laid upon the episodes of gonorrhœal origin. It is, however, open to question which of the two diseases is most fraught with detrimental results in respect to life and health. Syphilis, it is true, is credited with an alarming array of pathogenic possibilities, but in the great majority of instances, if it has been properly treated, the sword of Damocles does not fall, and life may run its normal

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course. In gonorrhœa, however, more or less intense prostatic irritation occurs in a tangible proportion of cases, and more or less pronounced narrowing of the urethra is another complication which claims a comparatively large share of victims among the sufferers. If we reflect upon the grave consequences of these lesions on the future health, and even life, of the afflicted ones, we may be tempted to ask whether, after all, gonorrhœa is not, in the aggregate, more serious in its ultimate consequences than the much-dreaded syphilis, and consequently more deserving of attention at the hands of examining physicians. It may be asserted, with some show of reason, that if syphilis is more menacing from a sickness point of view, gonorrhœa, in virtue of its secondary and far-reaching effects on the urinary tract, is more dangerous to life. The question is one which can only be decided by reference to statistics bearing on the frequency of complications and sequelæ, but, unfortunately, no such statistics are available for the purpose, and each surgeon is fain to draw approximate conclusions based on his own experience. It is certainly a mistake to regard gonorrhœa as a necessarily-benign disease, for the frequency of one or other of its many complications renders it potentially grave. A cured uncomplicated attack of gonorrhœa is doubtless a detail of no particular pathological significance, but it behooves practitioners intrusted with the responsible duty of examining candidates for life- or sickness- insurance to bear these possibilities in mind in arriving at a conclusion.—Medical Examiner and Practitioner.

Buccal Manifestations Following Grippe.—At the meeting of the Thirteenth International Medical Congress Dr. A. Bacque, of Limoges, said:—

"The grippe is often accompanied by buccal manifestations analogous to the ocular, gastric, and urethral complications noted by Sameh, Bey, Hayem, Desnos, etc. These are alveolo-dental polyarthritis and aphthous eruptions. Following the two epidemics of grippe in 1899 and 1900 I observed four cases of alveolo-dental polyarthritis and five of aphthous eruptions. The cases of polyarthritis were exclusively in rheumatics who had already had one or several attacks of acute rheumatism. The five patients attacked by aphthous eruptions presented nothing particular in their personal antecedents. The two affections were found equally in healthy mouths and in those in which the denture was in a bad state. The duration and intensity of the affections was in relation to the intensity of the grippe and the integrity of the denture. The two diseases are characterized by sharp pain and almost absolute functional impotence. They always terminate favorably in from eight days to three weeks."—St. Louis Medical Review.

Book Reviews.

Sexual Debility in Man. By F. R. Sturgis, M.D., formerly Professor of Venereal Diseases in the Medical Department of the University of the City of New York, etc. New York: E. B. Treat & Company, 1900. Price, $3.00.

In this plain and conservative work the author has given the results of his abundant experience in an important class of cases. There are, perhaps, no persons more unhappy than those men who either are, or fancy themselves to be, impotent. The mind of such a one dwells upon his condition with sentiments of horror, mingled with shame. They are often among the most difficult patients to treat successfully, as the mental state is so intimately associated with the physical debility. They not infrequently become veritable hypochondriacs. Until of recent years they were scarcely treated well

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by the profession; their maladies were misunderstood or their narratives excited disgust. Yet their misery was real. Lately more intelligent consideration has been given to their troubles, and we are in a position to afford them more effectual relief than was formerly the case.

Dr. Sturgis has studied his patients in an independent spirit. He is not always in accord with other authorities upon the subject, but is always able to support his convictions by evidence which—at least—cannot be ignored. He differs from many writers, for instance, in his estimate of the injury produced by masturbation. He believes that the evil consequences of this act have often been overestimated. He presents his opinions in a straightforward and judicious manner, and the reader must admit, even if he cannot agree with him in all respects, that the author of this work has written from genuine desire to represent the truth precisely as he sees it, and more than this no man can do. On this subject, as well as in the enumeration of the various causes of sterility, the book can be read with undoubted profit. Other departures which he has taken from the accustomed track are the separation of spermatorrhœa from pollutions and prostatorrhœa from prostatitis.

The book is of a size to be convenient. It faithfully presents the main outlines of the subject without overlaying it with the detailed recital of numerous histories. A number of these are, indeed, cited, but not sufficiently as to be an embarrassment.

Appendicitis and its Surgical Treatment. With a Report of One Hundred and Eighty-five Operated Cases. By Herman Mynter, M.D. (Copenhagen), Professor of Clinical Surgery in the University of Buffalo, Buffalo, N. Y. Third, Revised Edition. Philadelphia: J. B. Lippincott Company, 1900.

We noticed in these pages the original issue of this monograph, which is an able and effective argument in favor of early operative intervention, upon the ground that such treatment is not only more radical and speedy, but that it is justified by the better results which it affords. In the preparation of the present edition the author has consulted many other authors, and added considerable new matter. He has made an improvement by omitting the histories of cases, and making use of the space which they had occupied by classifying cases according to their clinical forms. The book is to be commended as a trustworthy portrayal of the symptomatic course of the disease, with excellent sections upon its etiology and pathology and the reasons which should incline us to favor a surgical method of treatment.

A Book of Detachable Diet-lists. For Albuminuria, Anæmia and Debility, Constipation, Diabetes, Diarrhœa, Dyspepsia, Fevers; Gout, or Uric-Acid Diathesis; Obesity, Tuberculosis, and a Sick-room Dietary. Compiled by Jerome B. Thomas, Jr., A.B., M.D., Instructor in Materia Medica in the Long Island College Hospital, etc. Second Edition, Revised. Philadelphia: W. B. Saunders, 1900. Price, $1.25 net.

The title of this publication defines its nature. In connection with each of the diseases named the author gives a number of lists, which may be torn out and given to patients, containing the articles of food which may and which may not be allowed in these affections. Each diet-table is marked as strictly personal and private, adapted only for the present time, and to this particular case. In view of the decided importance and value of dietetic treatment and the neglect, or comparative neglect, which it often meets, this compilation is adapted to fulfill a useful purpose.

Transactions of the Minnesota State Medical Society, 1900. St. Paul: St. Paul Medical Journal, 1900.

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The membership of the Minnesota Medical Society is of the best, and in this volume before us we read with pleasure a number of excellent, suggestive, and instructive papers. The prosperity of this society is undoubtedly due to the active part which the physicians of Minnesota take in the medical questions of the day. The papers presented at the last meeting were thoughtful and well written. They were also well discussed: a feature which adds appreciably to the interest and value of the sessions. The address of the president, Dr. Walter Courtney, dealt with subjects relating to the welfare of the profession, such as medical education, malpractice suits and medical-expert testimony, medical legislation, etc.

Twenty-fifth Annual Report of the Secretary of the State Board of Health of the State of Michigan. For the Fiscal Year Ending June 30, 1897. Lansing: Robert Smith Printing Company, State Printers and Binders, 1900.

Twenty-sixth Annual Report of the Secretary of the State Board of Health of the State of Michigan. For the Fiscal Year Ending June 30, 1898. Lansing: Robert Smith Printing Company, 1900.

The work done by Dr. Baker has long been highly esteemed by physicians and sanitarians. Under his able supervision cases and epidemics of infectious and contagious diseases have been reported and the most efficient measures have been promptly taken to prevent their spread and diminish their mortality. The statistics contained in these two volumes have been collected and collated under his experienced direction, and are of high value in the department of vital statistics.

The Medical News Visiting-list for 1901. Weekly (Dated, for 30 patients); Monthly (Undated, for 120 patients per month); Perpetual (Undated, for 30 patients weekly per year); and Perpetual (Undated, for 60 patients weekly per year). The First Three Styles Contain 32 Pages of Data and 160 Pages of Blanks. The 60-Patient Perpetual Consists of 256 Pages of Blanks. Each Style in One Wallet-shaped Book, with Pocket, Pencil, and Rubber. Seal-Grain Leather, $1.25. Thumb-Letter Index, 25 Cents Extra. Philadelphia and New York: Lea Brothers & Co.

A visiting-list is a useful book in its way, as it enables the practitioner readily and quickly to keep track of his work. That prepared under the auspices of the Medical News has long been known for its merits, and the present issue is by no means behind its predecessors in its convenience. The book includes also a number of tables, which add to its worth.

The Physician's Visiting-list (Lindsay & Blakiston's) for 1901. Fiftieth Year of its Publication. Philadelphia: P. Blakiston's Son & Co.

For half a century this little book has been carried on their rounds by physicians in every part of this country. Its essential features are the same now as in its earlier years, but in accordance with the progress of the times the publishers have kept on adding new matter. Its arrangement is exceedingly well adapted to answer the purposes for which it was designed. In the form of tables it contains much valuable information brought together for ready reference.

It is an interesting thought to compare the present with the time when this book was first issued, the state of the country, and conditions of medical practice then and now, and to reflect that, while all these momentous changes were in progress, this volume each year appeared for the convenience of the numerous practitioners, who had learned to look upon it as an assistant in their work.

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COMMERCIAL NEWS.

An Infallible Galactopoietic.

"I have often wondered if physicians, as a rule, were fully aware of the inestimable value of maltine with coca-wine as a galactopoietic. I have proved over and over again that this is a remedy *par excellence* for mothers with babies at the breast. I have given this preparation a large and wide-spread test, and have never been disappointed. In several cases where mothers stated that they had been unable to nurse their babies at previous confinements, the use of maltine with coca-wine by the mothers at meal-time and bed-time resulted in an abundant supply of good rich milk, and enabled them to nurse their babies as long as was necessary. The babies, as well as the mothers, were well nourished, strong, and robust. In fact, my patients and myself have been amazed at the prompt and permanent action of maltine with coca-wine, and words fail me when I attempt to express the satisfaction which I have derived from its use.

"I have also used maltine with pepsin and pancreatin, with most happy and gratifying results. Its benefits have been most pronounced in debilitated and rachitic children, where there was malnutrition and improper assimilation of food.

"Maltine with cascara sagrada is of great value as a tonic laxative and a regulator without debilitating." (Observations by Dr. H. L. Newell, ex-President Rutland County Medical and Surgical Society; Member of Attending Staff of Rutland City Hospital; Member of Consulting Staff of Proctor Hospital, etc.)

Incompatibilities of Heroin and Heroin Hydrochloride.

Heroin and heroin hydrochloride form an essential part of so many formulæ for the relief of cough, dyspnœa, and pains in the treatment of respiratory affections that it is important to determine in what combination they will prove most effective, and what are their incompatibilities. Owing to the insolubility of heroin in watery solutions it is necessary to add a few drops of some acid, acetic or hydrochloric, in order to effect its solution. This can be entirely obviated by using the hydrochloride, which is freely soluble. The only incompatibilities of heroin and the hydrochloride worthy of special mention are the alkalies, such as bicarbonate of sodium and carbonate of ammonium. On the other hand, salts of neutral reaction, such as iodide of potassium or chloride of ammonium, may be used in the same mixture, and this also applies to acid salts, such as the hypophosphites or acid phosphates. The vegetable expectorants — as ipecac, senega, squill, and sanguinaria — are entirely compatible with heroin and its hydrochloride. Although many physicians employ heroin without admixture, very desirable results have been reported from combinations with iodide of potassium, chloride of ammonium, and the vegetable expectorants, according to the indications present in particular cases. A word as to the dosage of heroin and heroin hydrochloride may be of interest here. The large doses at first recommended at the time of the introduction of heroin are no longer preferred by the majority of authors, the average dose ranging from $^1/_{24}$ to $^1/_{12}$ grain in adults, and $^1/_{120}$ to $^1/_{60}$ grain in children. It is advisable not to employ larger doses until the smaller ones have been given a trial. Furthermore, many physicians now resort to the hypodermic use of heroin hydrochloride in cases in which it is desirable to obtain an immediate effect, and especially in the treatment of spasmodic conditions, such as asthma, care being taken in the preparation of solutions not to add the drug until the water has partially cooled.

(Continued on Advertising Page 18.)

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INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 to 20 Grains.

W. R. WARNER & CO.'S SOLUBLE SUGAR AND GELATIN COATED PILLS

HIGHEST AWARD PARIS EXHIBITION.

TONO-NERVINE TABLETS.

Each containing

Phosphorus . . . 1-100 gr. Ext. Sumbul . . . . ½ gr.
Ferri Carb. . . . 1½ grs. Asafetida . . . . . ½ gr.
Ext. Nuc. Vom. . 1-10 gr.

Dose—Two tablets before meals, for adults.
$1.00 per 100.

PIL. CHALYBEATE.

(W. R. WARNER & Co.)

A Most Satisfactory Method for Prescribing Iron as Indicated in
ANEMIA, CHLOROSIS, PHTHISIS.

℞ Ferri Sulph. . 1½ grs. Potass. Carb. . . . 1½ grs.

Dose—One to two pills.

PIL. CHALYBEATE COMP.

The same formula as Pil. Chalybeate with ⅛ gr. Nux Vomica added for its tonic effect.

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(DR. HINKLE)

Each containing

Cascarin, Ext. Belladon. . . . ⅛ gr.
Aloin . . . . . ää ¼ gr. Strychnin. . . . . 1-60 gr.
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Dose—One to two pills.
60c. per 100.

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Each containing

Aloin. . . . . ¼ gr. Ext. Belladon. . . . . ¼ gr.
Strychnin. . . . 1-60 gr. Ipecac. . . . . 1-16 gr.

Dose—One to two pills.
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By all druggists or sent by mail on receipt of price. Physician's private formulæ made up in lots of 3000 and over. Pills, granules, or compressed form.

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CONTAINS

EGG-ALBUMEN

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Sugar of Milk

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Cereals

Deliciousness of flavor, and palatability are characteristics of

ESKAY'S Albumenized FOOD

Its continued use does not pall on the taste. Hence its value, aside from its nourishing properties, in all acute diseases.

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is easily digested and assimilated by the weakest stomach.

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SPLENIC ANÆMIA. CASE. BLOOD-CURED.

By T. J. Biggs, M.D.,
STAMFORD, CONN.

Mary P., aged 49 years, admitted on December 2d; diagnosis, splenic anæmia. Patient complained of diarrhœa and swelling of the abdomen. An examination showed a tumor in the left side of about two years' standing. For three years she had been a sufferer from progressing anæmia, with greatly-enlarged spleen. There was nothing of any moment in her family history and no history of any other diseased condition. Malaria was not present. She said that three years previous to my seeing her she had an attack of diarrhœa and shortly after noted a swelling in the left side beneath the costal margin. From the onset her color was bad, of a grayish-brown unhealthy tint. Diarrhœa had been almost constant and great care had to be taken in her diet. In spite of this the patient said she had never passed any blood or mucus, and several times within the three years there had been intervals when the diarrhœa had entirely stopped. The swelling on left side, she said, had steadily increased and now caused a heavy dragging, uneasy sensation. There was no œdema. The patient was a slight woman with a highly anæmic appearance, mucous membrane pale, tongue slightly coated, and some pigmentation. Murmurs at the base of her heart could be discerned. On the left side a bulging just to the left of the umbilicus was a marked prominence. An examination showed a large, solid mass, with sharp border and one well-defined notch just above the navel. The whole mass was readily movable and on percussion extended over the seventh rib. Examination of the blood showed hæmoglobin about 55 per cent., red blood-corpuscles, 2,900,000 per cubic millimetre. The corpuscles were pale, the red blood-corpuscles not nucleated. The fæces were of a greenish-brown color, containing no blood or mucus or parasites. Of this I am certain, for they were frequently examined.

The patient was put to bed, the secretions regulated, an elastic abdominal belt applied, and the bovinine ordered, a teaspoonful every hour in peptonized milk. Also $^1/_{20}$ grain biniodide of mercury every three hours.

December 28th the bovinine was increased to 2 teaspoonfuls every hour.

January 6th the bovinine was increased to 1 tablespoonful every two hours.

January 15th the diarrhœa had ceased, the patient was feeling stronger, her color was better, examination of her blood showed hæmoglobin to be about 60 per cent., white corpuscles slightly over 5000 per cubic millimetre. The urine, outside of just a slight trace of albumin, was normal.

January 20th the bovinine was increased to a wineglassful every three hours, the mercury discontinued. The patient made a steady and uninterrupted recovery and was discharged cured January 29th.

A Wail of Disappointment.

An Eastern concern, which makes an imitation of Gude's pepto-mangan, and, for years, has traded upon the reputation which this preparation has earned for itself, has recently sent broadcast to the medical profession of America a circular letter, in which, after bewailing the enormous returns brought by the "unethical methods" of other manufacturers, modestly refers to its own "ethical" virtues, and expresses the belief that, in spite of present non-appreciation of these virtues by the doctors, "the day will come when physicians will realize the importance of ceasing to be the *instigators and propagators* of the popularity of certain proprietaries" and will patronize "*ethical* preparations"—like *theirs*, for instance.

(Continued on Advertising Page 20.)

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PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Tar Soap.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

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BURN BRAE

A PRIVATE HOSPITAL FOR MENTAL AND NERVOUS DISEASES.

Founded by the Late Robert A. Given, M.D., in 1859.

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"It is a standard in my armamentarium."
CHARLES A. L. REED, M.D.

MAIZO-LITHIUM

LITHIC SOLVENT DIURETIC

Genito-Urinary Sedative.

Subdues Inflammation of Mucous Surfaces of Urinary Passages. Indicated in Cystitis and Urethritis, Acute or Chronic. Impedes Development of Gonococci.

The chemic union of Maizenic Acid—*from Green Corn Silk*—with Lithium, resulting in MAIZENATE LITHIUM. 2 grs. to drachm.
DOSE—1 to 2 drachms.

"Three Chlorides (HENRY) is my favorite formula."
G. FRANK LYDSTON, M.D.

HENRY'S THREE CHLORIDES.

(*Liq. Ferrisesic Henry*)

A Potent Stimulant to the Glandular System. Promptly Reconstructive in Local or General Disturbances of Hard or Soft Tissue.

TONIC, ALTERATIVE, STOMACHIC.

Indicated in Anæmia, Chlorosis, Specific Invasions, and Convalescence.

Each fluidrachm contains:—
1-8 gr. Protochlor. Iron.
1-128 gr. Bichlor. Mercury.
1-280 gr. Chlor. Arsenic.
Calisaya Alkaloid Cordial.

"The formula of HENRY'S Tri-Iodides commends itself to the profession." A. M. OWEN, M.D.

HENRY'S TRI-IODIDES

(*Liq. Sali-Iodids Henry*)

Resolvent, Regenerant, Antiarthritic, Antirheumatic, Antisyphilitic. Excites Normal Lymphatic Energy, Hastens Waste Elimination, Encourages Resolution, Energizes Iodides and Salicylates.

Colchicine, 1-20 gr.; Decandria, 1-10 gr.; Solania, 1-3 gr.; Sodium Salicylate, 10 grs.; Iodic Acid (equal to 7-32 gr. of Iodine), in 2 fluidrachms of Aromatic Cordial.

HENRY PHARMACAL CO.,
LOUISVILLE, KY.

CHOCOLATE-COATED TABLETS

HEROIN AND TERPIN HYDRATE.

Each Tablet contains Heroin, 1-24 gr.; and Terpin Hydrate, 2 grs.

ELIXIR OF HEROIN.

ELIXIR OF HEROIN AND TERPIN HYDRATE.

ELIXIR OF HEROIN AND TERPIN HYDRATE COMPOUND.

Contains Heroin, Terpin Hydrate, Refined Oil of Tar, Tinct. Lobelia, Tinct. Gelsemium.

The field of utility of Heroin comprises all diseases of the respiratory tract attended with cough and dyspnea. It is particularly valuable in the treatment of pulmonary and laryngeal tuberculosis, bronchitis, laryngitis, pneumonia, broncho-pneumonia, emphysema, asthma, hay fever, and whooping-cough.

The established value of Terpin Hydrate as an expectorant and alterative in the same class of diseases in which Heroin has been employed, especially chronic bronchitis, asthma, and emphysema, has induced us to offer the eligible combination of these drugs above indicated.

ROBT. T. YOUNG, Apothecary,
17th and Chestnut Sts, Philad'a.
SPECIFY YOUNG'S.

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This, to say the least, is a very left-handed compliment to the great body of the medical profession, who will not be slow to catch its drift, or fail to inquire wherein consists the "ethicalness" of the methods of the concern who thus sharply takes them to task for preferring a genuine to a spurious article.

The time has gone by when either doctor or druggist can be deceived by any such false play. Every member of both professions knows that Gude's pepto-mangan is a preparation of genuine value, manufactured on scientific principles, by reliable men, and introduced to physicians in an ethical manner, solely on its merits, and for these reasons physicians will continue to be "instigators and propagators" of its popularity, just as the druggists will continue to keep in stock an article for which there is a steady demand and a ready sale.—The National Druggist, St. Louis, Mo., November, 1900.

The Treatment of Uterine Hæmorrhages.

Hæmorrhage from the uterus fills nearly all women with alarm, and this fear is just. So because very often they prove fatal, and in all cases they debilitate the patient very greatly. In this view of the subject we shall consider that type of uterine hæmorrhage which is associated with the change of life, and those cases where the monthly flow is too copious.

Many women every month have considerable loss of blood at the menstrual epoch, and often this debilitates them very appreciably. In some cases the debility from this source is so great as to make the patient an invalid. Anæmia of a stubborn type often has its origin in these excessive menstrual periods.

In treating these patients we shall find that the nervous element in the case is a factor of importance. Not all these patients are neuropathic, but many of them are of the nervous temperament, and these losses of blood tend to increase all these factors.

If we consult any of the works on diseases of women we shall find that the bromides are regarded as a remedy of great value. For some time I have quitted the employment of the bromides and put my reliance on Daniel's conc. tincture passiflora incarnata. This remedy relieves the nervousness and gives the patient sleep and rest and the hæmorrhage ceases to be a factor after it has been taken sufficiently long to produce its characteristic effects. It is best to give the remedy in doses of 2 teaspoonfuls every two hours until the patient has become quiet and the hæmorrhage has come under control.

Ergot, valuable as it is in certain cases, is not appropriate in cases where the menses are too copious. While it will check the hæmorrhage, it will also cause uterine contractions and do much harm. Hæmorrhage which is associated with the menopause is also best treated with Daniel's conc. tinct. passiflora incarnata. It relieves the excessive flow and quiets the nervous system—the patient in this way getting rest and exemption from loss of blood.

In nearly all women who are passing through the change of life there is a great deal of nervousness, and the tendency to hysteria is great. No better remedy than Daniel's conc. tinct. passiflora incarnata can be given, as it is an efficient nerve-tonic, soporific, and antispasmodic. It can be given too for a considerable period of time without detriment, as it does not produce drug addiction, nor carry any injurious or unpleasant after-effects in its train. Another virtue possessed by this remedy is that it is a mild laxative and it overcomes any degree of constipation that may be associated in the case in hand.

In the treatment of all cases of uterine hæmorrhage we shall fail of getting the best results if we do not have the patient

(Continued on Advertising Page 22.)

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ANTIZYMA THE SAFEST FEBRIFUGE of TO-DAY.

Est. 1883.

Trade Mark.

ANTIZYMA Does NOT contain ANY COAL TAR DERIVATIVES or narcotics.

ANTIZYMA Ensures normal temperature in 12 to 48 hours.

ANTIZYMA Is an absolutely safe tonic cardiac stimulant.

ANTIZYMA Is indicated in all fevers, and works wonders in "La Grippe" and malarial conditions.

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Samples and Literature, with formula, sent to Physicians upon application.

J. ELLWOOD LEE CO.,
Manufacturing Chemists,
CONSHOHOCKEN, PA.

IT FITS IN

so nicely when the disordered stomach demands the courtesy of appropriate treatment, if malnutrition and nervous exhaustion are to be overcome.

Try

GRAY'S GLYCERINE TONIC COMP.

in a rebellious case.

THE PURDUE FREDERICK CO.,
15 Murray Street, New York.

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go to bed and remain there until all the conditions are improved. In fact, it is an invariable rule with me to have all women who have excessive floodings at the menstrual epoch to go to bed on the day the period is due, and begin with Daniel's conc. tinct. passiflora incarnata — taking this remedy regularly and having the patient assume the recumbent position will be found a treatment that will free the patient from her trouble and bring about in a reasonable length of time a return to former good health.

Daniel's conc. tinct. passiflora incarnata is not only non-toxic, but it does not establish drug addiction.—John O. Nixon, M.D., Boston, Ga.

Consumption (Phthisis or Tuberculosis of the Lungs).

Boards of health in all parts of the country agree that consumption is an infectious and communicable disease and that every tubercular person is a source of danger. It is the most prevalent disease of civilized life and causes over 100,000 deaths yearly in the United States alone.

The disease is transmitted from the sick to the well usually by means of the dried and pulverized sputum floating as dust in the air, and it is estimated that at least one-seventh of the persons who die of phthisis acquired it by breathing the air so tainted. This being the case, it can in a great measure be restricted by the use of a proper disinfectant.

The floor, wood-work, and furniture of the consumptive's room should be wiped with a cloth moistened with a mixture of 1 part Platt's chlorides to 10 of water. If carpeted, the floor should be well sprinkled with this dilution before sweeping. The cuspidor should be washed out daily with boiling water and a mixture of 1 part Platt's chlorides and 4 of water kept constantly in it to receive the sputum. The patient's clothing should be kept by itself, and thoroughly boiled when washed. It need hardly be said that the room should be ventilated as thoroughly as is consistent with the maintenance of a proper temperature.

A duster, particularly that potent distributor of germs, the feather duster, should never be used in the room habitually occupied by a consumptive.

When a death has occurred from this disease, the patient's linen and bedclothing, such as sheets, pillow-slips, night-dresses, towels, etc., should be placed in a tub and over them poured a pint (one-half a bottle) of Platt's chlorides and afterward sufficient boiling water to completely cover the contents. The tub should then be closely covered for two hours, when the clothes may be removed, rinsed, and washed in the usual way.

Articles of little value should be burned. The wood-work, furniture, walls, and floor should be washed with Platt's chlorides diluted with 10 parts of water. If the walls are covered with ordinary paper it should first be wet with the disinfectant solution and then scraped off while wet. An abundance of fresh air and sunshine should then be admitted for several days.

C. F. Ulrich, A.M., M.D., Wheeling, W. Va., President Board of Education, Member American Public Health Association, writing on domestic sanitation, says:—

"I have been using Platt's chlorides for a number of years and find the preparation very efficient in the sick-room, as it assists greatly in purifying the atmosphere, taking away unwholesome odors, differing greatly from many antiseptic solutions in not disseminating an unpleasant smell itself. It is very useful in some unhealthy conditions of the mouth and throat."—New York Medical Examiner.

A Challenge.

According to a recent issue of the Western Druggist, Dr. Allen H. Still, of New York, has taken issue with the Internal

(Continued on Advertising Page 24.)

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Revenue Department at Washington, who have seen fit to classify phenàlgin as taxable under the same head as medicinal preparations which are protected by a trade-mark. Dr. Still considers this a very arbitrary decision in view of the fact that phenàlgin is not prepared by a secret formula and that they do not claim exclusive right to its formula. Despite the very reasonable claims of Dr. Still, the Internal Revenue Department have not elected to reverse their decision, justifying this by means of an analysis made by a chemist named Simons in the employ of the Treasury Department.

Dr. Still declares this analysis to be incorrect and proposes to submit their formula to a committee to be appointed by the County Medical Society of New York, and to furnish samples of phenàlgin in unbroken packages, purchased in the open market, to three able chemists of New York City, with the understanding that if the committee of physicians and chemists agree after careful analysis that the analysis published in March last as having been made by Mr. Simons is correct, that the Etna Chemical Company will pay $1000 to any charity named by said committee.

Dr. Still at this date seems to have considerably the best of the argument.

It will be interesting to see what reply is made to his challenge.

"WARNER'S NEW THERAPEUTIC REFERENCE-BOOK."

This is a book small in size, but abounding in useful information. It is issued by the well and favorably known firm of William R. Warner & Co., of Philadelphia. The original issue has been so radically revised that this may almost be considered as an entirely new book. In looking through this volume we find, first of all, a table of the Latin words and phrases used in prescription-writing, compiled with care, and which may be, at times, very useful for reference. The table of the relative value of apothecaries' and metric weight will be appreciated by all who have not practically familiarized themselves with the metric system, but who naturally and properly wish to be able to understand the quantities now so often met with in medical books and journals. The section on poisons and their antidotes will be serviceable, especially to the inexperienced, for ready reference in cases of emergency. Another section, giving directions for making post-mortem examinations, will prove an efficient guide, and will be welcomed by those who have not enjoyed the opportunity of much practice in this art, so instructive often in its revelations and so important to the progress of pathology. Tables which will be esteemed in this book are those which state the percentage of nutrition in various articles of food, the composition of some common foods, and the relative value of foods. This is knowledge which is of direct and practical benefit to the physician, so much of whose work depends upon an acquaintance with the properties of different articles of diet.

A large part of the book is occupied by a sort of therapeutical index. Under the head of the different diseases, arranged in alphabetical order, are enumerated the remedies which are generally used in the treatment of those affections.

There is also a list of remedies classified according to their action. Some points as regards incompatible mixtures and hypodermic injections, together with formulæ for preparing numerous tests for the examination of the urine, blood, and contents of the stomach, and the reactions given by these tests are of undoubted service.

This summary of the contents of this worthy compilation will make it sufficiently apparent to the reader that "Warner's New Therapeutic Reference-book" is a meritorious publication. — Monthly Cyclopædia of Practical Medicine.

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THE

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Clinical Lecture.

CHANCROIDS AND CHANCRE.[1]

BY JOHN V. SHOEMAKER, M.D., LL.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

GENTLEMEN: We have present two young men afflicted with disease acquired in venery. The cases exhibit marked contrasts.

CASE I. CHANCROIDS.

The patient is 25 years of age. He has had a sore upon the penis for fifteen days. In the beginning there was but one sore, which, as he expresses it, "looked like a wart." He is of the opinion that it made its appearance not more than four or five days after illicit connection, although, as he had confessedly cohabited with more than one woman at about that period, its exact time of incubation can hardly be established. However, it undoubtedly developed within a short space of time after exposure. After it had been in existence for about a week with no apparent disposition to heal the man took it upon himself to be his own doctor. He touched the sore with alum and covered it with vaselin. His efforts proving ineffectual, he has come to us for assistance. The sore has not been painful and there is no sign of rash upon his body.

Behind the corona of the glans there is a large, excavated ulcer, worm-eaten in aspect and covered with a profuse, purulent discharge. It has a hardened base. Adjacent to this sore is another, smaller ulcer. The tissue surrounding the principal lesion is markedly œdematous. The inguinal glands are very much enlarged, more particularly upon the left side, and they are decidedly tender.

CASE II. CHANCRE.

Before entering upon the question of diagnosis I will show you this second man, 28 years of age, who has what he calls a "lump" on the upper surface of the prepuce, over the glans. Strictly speaking, there is no sore, for the lesion is neither painful nor ulcerated. The skin is perfectly intact. When I pinch it up between thumb and forefinger I obtain the sensation of a hard, slightly-elastic mass buried beneath the skin, of a globular form, about twice the size of a marrow-fat pea, and painless to manipulation. The man has been aware of the presence of this lesion for four weeks, though, as it gave him no distress, he at first attached no importance to it, but, as it remained without diminution and other manifestations have followed, he was led to suspect that it must possess more significance than he had at first thought. In this latter conclusion he is undoubtedly correct. This globular swelling was first observed three weeks after sexual congress.

[1] Delivered in the amphitheatre of the Medico-Chirurgical Hospital.

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The glands of both groins are enlarged. Of this fact the patient seems to have been in ignorance. I can feel them on each side as a chain of nodules, not fused into a general mass of induration, as in the first case, but retaining their individuality, destitute of tenderness, and feeling to the touch as like as possible to the lesion of the foreskin. There is no active inflammation in them, and they have no inclination to ulcerate.

Now look with me, gentlemen, upon this man's skin. You will there perceive a generalized eruption of spots, or macules, not raised above the surface, symmetrically arranged and of a peculiar shade of red, which has been aptly compared to that of copper or lean ham. For a few days before the advent of these spots the man was languid and felt somewhat feverish. He also suffered from pain in the bones, especially after he went to bed at night, and his shins were tender. He noticed that his hair came out in the act of brushing and that his throat was a little sore. His eyes were unaffected. The epitrochlear glands are hypertrophied.

Diagnosis.

We are now ready to enter upon the task of forming a diagnosis. In some particulars the lesions are similar; in others they are unlike. In the case of the first man the penis became sore within a few days after coitus; in the second there was no evidence of abnormality for three weeks. The one man's sore proceeded to ulceration; in the second patient ulceration has been absent. One man exhibits two, the other but a single, lesion. There is hardness to the touch in both cases. There is much inflammatory œdema in one and an entire absence of inflammatory phenomena in the other case. In the second man the swollen glands are distinct and separate; in the first they are aggregated into a hard and rather tender mass. The first patient is free from constitutional symptoms and eruption; the second man has both. Therefore, that in which both agree is a certain hardness of the base.

Inevitably, the largest proportion of affections of the penis and inguinal glands of young men who indulge in promiscuous sexual intercourse is of venereal origin, and we are called upon to discriminate between soft sore and hard sore: chancroid and chancre. We must proceed warily, and neither confuse one with the other nor either with some non-venereal affection. Thus, for instance, it is not uncommon for herpes to affect the genitalia. It were a blunder to mistake herpes for chancroid or chancre. On the contrary, we should, in the vast majority of instances, be able to recognize those diseases which have originated in venery. Herpes consists of a number of small, superficial vesicles, and, although these may burst and leave an excoriation, there is none of that deep and extensive ulceration witnessed in chancroid, there is no hardness of the base such as accompanies the initial lesion of syphilis, and there is not generally any glandular involvement in herpes. The lesions of herpes itch and pain.

How shall we differentiate chancroid from chancre? We must know and remember that the former disease manifests itself within a few days after contact, while the latter does not display itself until after an incubation of two or three weeks, as a rule —to which there are few exceptions.

In chancroid inflammatory action runs high, the sore rapidly ulcerates, suppuration is abundant, and the pus inoculates the vicinity; so that several sores are often produced. A chancre is usually a solitary lesion, and, although it often ulcerates, the secretion is generally scanty. The base of chancroids is soft, and hence the old name of soft sore. The base of the chancre is hard and feels as if a piece of cartilage or parchment were imbedded in the skin. Chancroid causes active inflammation of the inguinal glands, which form large swellings in the groin, are tender or painful; the overlying skin is red, hot, and swollen; and suppuration is by no means an infrequent accident. The adenopathy or glandular en-

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largements, of primary syphilis are hard, nodular, and have little disposition to break down in suppuration. They can often be rolled around beneath the fingers.

If any doubt remain, the element of time will solve the question. Six weeks after contraction of the disease, if syphilitic, constitutional manifestations appear. Chancroid is purely a local disease, and is followed by no general contamination of the system.

On account of the character of the lesion, coupled with the constitutional symptoms, the second case can readily be recognized as one of syphilis, in which secondary phenomena have made their appearance before the initial lesion has vanished. This is no unusual spectacle. The hardness of base is the predominant characteristic of a chancre. That test seldom fails, no matter what may be the objective aspect of the lesion. Ulceration is not necessarily present. The typical Hunterian chancre is deep and funnel-shaped, seated upon a very hard base. Another variety of chancre is that of which the second case is an example: a dry papule, which may become superficially excoriated, but which may remain totally free from that termination. The first case is one of chancroid. It presents all the features of that sore, but differs in one respect: it has a hard base. This condition, however, is accidental, and not characteristic. It has been produced by the applications of alum made by the patient. Irritant applications may cause inflammatory thickening and hardness, simulating the distinctive mark of the chancre. Remember this fact, gentlemen, and be on your guard against mistakes.

Etiology.

Both chancroid and chancre have their usual origin in sexual congress, but the chancre may be, and not infrequently is, acquired innocently from accidental contact. In whatsoever manner syphilitic virus is deposited upon an absorbing surface the result is infection, the appearance of the initial lesion, and an outbreak of constitutional disease.

Syphilis may be communicated by a kiss, a bite, by a pipe, towel, handkerchief, etc. Obstetricians sometimes unfortunately contract a chancre upon the finger and washerwomen upon the lip.

Treatment.

The principles upon which chancroid is to be treated are sufficiently simple. Cauterization is an excellent and efficient remedy. Carbolic acid, sulphuric acid, nitric acid, galvanocautery, and thermocautery are among the measures employed. Dusting-powders of bismuth, zinc, calomel, acetanilid, etc., are often used for the purpose of promoting granulation. Iodoform is serviceable, but its odor is offensive. Salicylic acid is a favorite with some practitioners. Others make use of black wash or some stimulating lotion. Ointments are preferable in certain cases. In other words, we select such agents as will reduce inflammation and promote repair of the ulcer.

The local treatment of chancre is conducted in a similar manner. If the lesion is ulcerated, we may use a caustic or we may employ a mildly-stimulating powder, lotion, or ointment, such as those I have already named. Some authorities, principally foreign, have gone so far as to recommend and practice excision of the chancre, root and branch; but this procedure has not yielded the desired results. There is a school of syphilologists who deprecate the administration of antisyphilitic remedies internally until the outbreak of constitutional disease, but I do not rank myself in this class. I believe that the best interests of our patients should require us to place the syphilitic upon constitutional treatment as soon as we are satisfied that we are dealing with the initial lesion. In the case before us there can be no doubt as to what course should be pursued. The evidence of secondary implication is already present.

The primary lesion here needs no treat-

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ment. The integument is intact and nothing is to be gained by any dressing to the surface. The man shall be placed upon mercury at once. It is not so material what form of the mineral we choose. Mercury with chalk may be preferable when the *primæ viæ* are in bad condition. Some practitioners give corrosive sublimate. In this clinic we are much in the habit of using the yellow iodide, although we are not bound to any routine method. Mercurial fumigations are sometimes used, while many practitioners seek to influence the system rapidly by means of inunction with blue ointment. Others advocate hypodermic injections, and many mercurial salts have been employed in this manner, which, doubtless, is an admirable method in serious and resistant cases. Ordinarily, however, both physician and patient are better satisfied by administration by the mouth. I shall order this man to take a pill containing $^1/_4$ grain of yellow iodide of mercury with an equal quantity of powdered opium and a minute dose of tartar emetic thrice daily. He shall report here twice a week at first, and as he improves the interval may be lengthened to once a week. He can keep on with this remedy until the spots have faded from the skin and the lesions of primary syphilis are no longer to be detected. It is sometimes well to omit the opium and give the mercurial after awhile in more frequently repeated doses until gastric distress, diarrhœa, or other sign of mercurialism appears, when the dose is either reduced to or below the original, or, it may be, dropped altogether for a week or so, by which time the patient will have recovered from the toxic impression of the drug.

The patient's habits must be regulated during the period of treatment. He must forsake his vices. Tobacco and alcoholic drinks should be prohibited; he should live regularly, temperately, and hygienically; and go to bed early. He should be strictly cautioned as to the common use of table utensils, pipes, etc., so that he may not unconsciously contaminate innocent persons.

After such a course of treatment for a year and a half, or, it may be, two years, the patient will usually have recovered from every sign of syphilis, and medication may be indefinitely abandoned. When no signs have appeared for a year, he may marry.

Chancroid being purely a local affection, it is not necessary to prescribe any internal treatment unless it may happen that a patient needs a remedy for some co-existent trouble. It might be advisable to amend the digestion, regulate the bowels, etc., on general principles. In the case now before us I shall merely direct the sores to be kept dusted with equal parts of calomel and bismuth subnitrate.

The violence of chancroid is in curious contrast with its harmlessness as regards the system, whereas syphilis, so tardy and mild in the beginning, is capable of perpetuating itself for many years, and may even infect the babe unborn.

Original Communications.

SLOUGHING OF BOWEL AND APPENDIX.

By D. J. McCaa, M.D.,
EPHRATA, PA.

On November 9, 1900, I was called to see Marie B., in the ninth year of her age. I found her vomiting and complaining of an acute pain in her stomach. Upon palpation I ascertained the seat of pain to be above and to the right of the umbilicus on the right side. There was but slight swelling. The temperature was 101° and the pulse was 110. After the third day the temperature became subnormal. The vomiting continued for a week, mostly of bilious matter. Treatment for three days consisted in administration of salines and opiates, with local application of spirit of camphor. The bowels not moving, on evening of fourth day

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I gave her a large enema of warm water, glycerin, and spirit of turpentine, which she retained for an hour, when she had a copious evacuation. From that time the bowels moved from two to three times a day. It surprised me to find such a large quantity of fæcal matter in the colon. The stools became very offensive. On the fourteenth day she passed a section of the ileum (about five inches in length) and what has been pronounced by competent authority the appendix.

When I was first called I suspected typhlitis, and after the fourth day thought there was invagination of the bowel at the ileo-cæcal valve.

After the ileum and appendix had passed the bowels moved regularly and became less offensive. After the third week there was less movement of the bowels and a tendency to constipation.

The pain, which was severe and paroxysmal before the discharge of the invaginated bowel and appendix, became less, and after the third week it was only felt at intervals of a few hours and then only for a few seconds.

During the first two weeks there was a tympanitic condition, but at no time was it alarming.

Treatment consisted in keeping patient perfectly quiet in posture: lying on her back with her limbs flexed. I did not allow her to exert herself in any way. I withheld all nourishment, and gave her nothing but water until three weeks had passed, when I began to give her liquid peptonoids, and up to present time (December 24, 1900) have not allowed her any solid food. Internally I gave her salol and bismuth, from the fourth day until the end of the third week, and opiates as required to relieve the pain.

The patient at this time is up and walking around, and upon palpation there is no tenderness. She occasionally complains of pain in the cæcum. The bowels move about once in a day. I am giving her sweet oil daily to soften the stools.

This little girl was in the habit of eating between meals, and mostly undigestible things, such as pea-nuts, etc.

She often complained of an acute pain in her bowels for six months previous to her acute illness, and occasionally would have an attack of diarrhœa. I think there was an overdistension of the cæcum from an accumulation of undigested matters, which produced a paretic condition of the bowels favoring an invagination of the ileum at the valve.

We can thus readily account for the portion of bowels that sloughed, but how did the appendix find its way into the cæcum and also slough away? Might there have been an anomalous position or attachment of the appendix near the ileo-cæcal valve? If not, and the appendix was normal in its position and attachment to the cæcum, is not the recovery of the patient remarkable?

I doubt if there is another case on record where the appendix found its way out of the abdominal cavity, save by the surgeon's knife, in the manner this one came away.

FRACTURE OF THE SKULL.[1]

By F. W. Frankhauser, M.D.,

Attending Physician and Pathologist to the Reading Hospital, Reading, Pa.

Mr. President: It is not for me to present a paper on this subject, as an authority, but to call attention to certain features which were observed in a case recently under my care.

The histories, statistics, and results of such cases are not as promising as we would desire. Mumford, in his analysis of 300 cases of facture of the skull treated in the Massachusetts General Hospital, gives some very interesting statistics. Of those cases, 170 (56.6 per cent.) died. The proportion of fracture of the vault alone to those of the base or of the vault and base combined are as 165 to 135. Of 300 cases, 279 were com-

[1] **Read at the October meeting of the Berks County Medical Society.**

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pound fractures, and only 21 simple; but the writer points out the difficulty of diagnosing those later injuries. The mortality of the fractures of the base was 80 per cent.; those of the vault, 37.5 per cent. The author dwells on the rarity of death from septic infection, and insists that the uninjured dura mater presents a strong barrier against septic infection.

Professor V. Horsley, at the Berlin International Medical Congress, delivered a most important address, explaining his views as to the surgical treatment of various injuries and diseases of the brain and spinal cord. His remarks were based upon and illustrated by tables of cases operated on by himself, and also upon experimental investigations. The author urges, in the most emphatic manner, the necessity of trephining in every case of depressed fracture of the skull, whether or not accompanied by an external wound of the soft parts or by immediate symptoms of gravity.

He claims that, especially in children who are tolerant of external injuries of this kind, the fracture will almost certainly bring with it, not only epilepsy, but also mental defect, persistent loss of memory, and general deterioration; in these patients trephining and the elevation of the bones to their normal position, with clearing of the subdural space of blood-clots, should be the invariable rule.

Dr. Ferrier, in the Croonian Lectures, considers very fully the topic of the functions of the cerebral cortex as motor and sensory centres. He discusses the question from the experimental and pathological stand-points. Most of his experiments were made upon the brains of monkeys by means of electrical stimulation. He divides the surface of the brain into three large areas: anterior (prefrontal), posterior (parieto-occipital), and a central. The two former are at present known as sensory, or at least not motor, in their functions. The central area is probably entirely motor.

As I understand it, the line cannot be distinctly drawn as to where sensory regions end or where motor areas begin, but that in adjacent regions it is possible for them to overlap each other, and both sensory and motor phenomena may result from the stimulation of the same part. That such a difference does exist I think will be clearly shown in the case I am about to report.

When to operate in fracture of the skull, whether a simple or compound fracture, with or without depression, with or without symptoms of compression, is still a question which has not been positively settled. Some writers say: "Where a depression of the skull exists without any symptoms of brain-compression or of brain-stimulation, wait, and treat the patient expectantly." Other writers say: "Where there is a fracture with a depression, whether simple or compound, whether symptoms of compression or of brain-stimulation be present, always cut down and replace the fracture, remove the clots if any are present, external to the dura mater, or, if the dura is involved, open it and remove the clots." If my opinion were of any service, I should advise to cut down at once, remove all clots and small pieces of bone, and, if possible, replace the depressed bone. If I could not replace, I should remove all depressed bone so as to prevent all subsequent danger of cerebral irritation, and perhaps thus avoid the occurrence of epilepsy or some other form of cerebral disease.

As to danger from infection from the operation, under antiseptic precautions there is practically none. The cranial, as well as all other cavities of the body, is now opened with impunity, under the most rigid antiseptic care. The wound, if compound, may become infected by the injury, and thus cause dangers from infection. Complete asepsis, or near so as practicable, should be the rule in all cases of injuries of the soft parts surrounding the fracture, all the more so should the fracture be a compound one, as, by infection of the soft parts, the deeper may be implicated by continuity of tissue,

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and thus the dura mater and possibly the brain be involved. That each case becomes a law unto itself is granted, and the symptoms, whatever they may be, must be met.

The case I am about to report is as follows:—

Mr. G. L. W., aged 33, white, single, a machinist, was at work in the Philadelphia and Reading Railway machine-shops, when a part of a traveling crane, weighing possibly five hundred pounds, fell a distance of ten feet, striking some object, which broke the force, and then turned and struck Mr. W. a side-blow on the right anterior portion of the skull, causing a compound fracture of the parieto-frontal region, accompanied with depression of the skull, ecchymosis in the cellular tissue of the right eye, closing the lids at once, knocking him over. He never lost consciousness, however, was taken to his home in the ambulance, walked into the house, upstairs, undressed, and went to bed. After an examination he was advised to go to the Reading Hospital, which he did. He again dressed himself, walked downstairs into the ambulance and rode to the hospital without at any time losing consciousness or complaining of any pain. There was a lacerated opening of the soft tissues, covering the fractured bone, which bled very profusely for some time. He vomited once before leaving home for the hospital. The matters consisted of blood and undigested food, as the accident happened about 2.30 P.M. There was subconjunctival ecchymosis; no discharge from the ear.

On arrival at the hospital his temperature was 96.2°; respirations, 28; pulse, 52. He vomited five times during the afternoon, and there was profuse epistaxis from the frontal sinus. He was very restless during the night, slept possibly an hour, would not keep ice-cap on his head, and, although not delirious, he disturbed the dressing. There was some nausea, and a bloody discharge from the nose and eyes. The food ordered was light and liquid. During the night of September 4th he was quite restless until 2 A.M., after which he became quiet. The ecchymosis spread to left eye. The pulse, temperature, and respiration hovered near the normal. The patient took quite a quantity of nourishment. He was given at bedtime:—

℞ Pot. bromid.,
Sodium brom., of each, gr. x.

From September 5th to September 18th the conditions remained about the same. He kept up a low muttering, which was incessant, except when asleep. His mind wandered, but he would answer all questions correctly. His talk seemed generally to be of the Atlantic Coast.

About September 18th there was involuntary passage of urine and fæces, although the patient was conscious of the fact. On September 19th his respiration was 24; pulse, 92, very soft and hardly perceptible. The man was very weak and depressed on account, as it was supposed, of hæmorrhage at the base of the brain; ecchymosis was increased in the subconjunctiva. There was no pain of any kind, but the urine and stools were still voided involuntarily. On September 22d the patient was placed under ether, which he took badly, and an incision was made about three and one-half inches in length, oval in shape, above the fracture, the flap turned down, when a stellate fracture was found, extending into the orbit of the right eye, downward into the temporal bone, and backward through the parietal for about three inches. The depressed portion was removed, with all the fragments and spicules of bone, making an opening about two inches in length and about an inch in width.

A clot external to the dura mater was removed with, possibly, a half-tablespoonful of clotted blood. The dura was not opened, as there were no indications that the brain itself was involved. A drainage-tube was left *in situ* for twenty-four hours. The wound healed very kindly, and in a few days was entirely closed.

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The first day after the operation the temperature rose to 101°, but in less than twenty-four hours it was normal, and remained near the normal line during convalescence.

The constant talking of eighteen days following the accident ceased in a few days after the operation, the patient slept better, and began to be a different man and more like himself. The muscles of the right side of his face were paralyzed for about four months after the operation. The right eye was motionless for about three weeks, due, presumably, to the hæmorrhage at the base of the brain. The functions of all the internal organs were performed regularly and naturally soon after the operation. There is some impairment of the vision in his right eye present to-day. One of the strange features in this case, which has not been explained with satisfaction, is that from a few minutes before the accident to several hours after the operation his memory is a blank. Even some things which he asked his family to bring to the hospital for him and which he used daily he has no recollection of receiving or of having asked for. While his mind was wandering when not spoken to, when addressed his answers were always rational and complete. Beyond the stimulation of the brain-cells, which caused his constant talking, there were no signs whatever of any irritation of the brain. His conversation to-day is as clear, his memory as retentive, as ever; he can recall practically all that he read before the accident, or what he reads now or since the operation. On January 2, 1900, he again resumed his position as a machinist, which he has been filling ever since, without any trouble of any kind. Much of the success in this case is due to the fact that Mr. G. L. W. was an exemplary young man, with no bad habits. That so much of his time should be a blank, and yet that he should recover his faculties so fully, is surely marvelous.

I am indebted to the following persons, who were interested in the case and assisted in the restoration of the patient: Drs. Israel Cleaver, Samuel L. Kurtz, Banks Taylor, in consultation; Drs. Charles Rolland and John Luther as resident physicians; to Miss Hartz and Miss Straw as nurses,—to them is owed much of the success of the case.

FAT: A DIETETIC SPECIFIC IN PHTHISIS PULMONALIS.

By Henry Y. Ostrander, M.D.,
Brooklyn, N. Y.

It may appear actually amazing to the busy practitioner, who has little time to devote to the examination of all the literature upon the subject, how unanimous is the opinion held by our profession of codliver-oil as being a specifically-dynamic food in tubercular conditions. From the voluminous mass of material at my command I have selected extracts from only a very few of those medical authorities with whose clinical experience, sound judgment, and sincerity of conviction I am certain we are all familiar. Kindly observe that, in the following statements, which I have quoted from the works of some of the most eminent authors, the kind of alimentation advised is *fat*, and the form of fat employed is *codliver-oil*. Also that the affection for which the ingestion of the *oil* is advocated is a disease of a purely tuberculous nature.

"The favorable action of codliver-oil upon tuberculosis is dependent upon its fat, which serves as a food to the system." (Abraham Jacobi, M.D., LL.D.)

"The curative treatment of tuberculosis is embraced in two principal things: climate and food. Feeding consists in enabling the patient to eat and digest large quantities of wholesome food, especially fat." (Francis Delafield, M.D.)

"The remedy which has undoubtedly been of more use in the treatment of consumption than any other is in reality a food: codliver-oil." (James Tyson, M.D.)

"Codliver-oil still remains incomparably

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the most efficient remedy in prolonging the lives of the victims of phthisis pulmonalis." (Alfred Stillé, M.D., LL.D.)

"Codliver-oil is the most assimilable form of fatty food. It is highly nutritious, and is an indispensable food in the treatment of phthisis pulmonalis." (William Gilman Thompson, M.D., LL.D.)

"I have no hesitation in stating my conviction that codliver-oil has done more for the consumptive than all other agents put together. It improves the constitutional resistance and enables the cells of the organism to become the destroyers, and not the victims, of the bacillus. It excites the activity of the trophic nervous system and increases the appetite." (The elder Williams, Brompton Hospital.)

These few extracts, I am sure, are sufficient to prove that fat in the form of codliver-oil may justly be considered as a dietetic remedy of supreme therapeutic value.

But, unfortunately, the physical condition of a phthisical patient is not usually such as will permit of much dietetic experimentation. Fat is the chief weapon in our alimentary armamentarium. The digestive powers of the patient, however, are, as a rule, inadequate to prepare for absorption and assimilation any oleaginous foodstuff. Nevertheless, this difficulty has been satisfactorily overcome. By a thorough and somewhat extended experience during the past six years with cases most severely testing its practical usefulness, I am prepared to state that the profession has been supplied with a codliver-oil representing not only a specifically-valuable food in a condition of predigestion, but also a food the naturally-disgusting properties of which have been rendered almost delectable. Feeling it to be a medical obligation which each practitioner owes to his professional brethren to record his clinical experience for the purpose of developing a more scientific knowledge of disease, and of the results obtained from different therapeutic methods, I have taken the liberty of presenting a few records from my case-book illustrating, in my opinion, the inestimable value of codliver-oil as a food in tubercular disease.

Case I.—M. S., a young woman 25 years of age. School-teacher by profession. Family history good. Consulted me for the first time in March, 1895. Menses had been absent for four months. During that period she had lost 22 pounds in weight.

The symptoms complained of were: languor, lassitude, inanition; burning cheeks in the afternoon, with hot, dry hands; a distressing, hacking cough, which persisted for two or three hours after rising in the morning; sharp, sticking pains through right infraclavicular region; a diminished desire for food; indigestion, and insomnia. The physical signs at first examination were: a slightly-limited respiratory expansion; increased vocal fremitus over apex of right lung; impaired resonance; and bronchovesicular breathing.

The entire treatment consisted of pepsin, mur. ac. dil., strychnine, and hydroleine in $^1/_2$-ounce doses, t. i. d., four hours p. c. She reported in two weeks, and made the following statement: Appetite had returned in full vigor; the digestive function was performed with ease and comfort; the stabbing, lancinating pain had disappeared completely within forty-eight hours following the administration of the hydroleine. Cough was softened, loosened, and ameliorated, being reduced to only one or two paroxysms after rising in the morning, and the afternoon fever was broken. My directions were to increase the hydrated emulsion of codliver-oil (hydroleine) up to 3 ounces per day. She again consulted me three months subsequent to her first visit. Her condition at that time was as follows: Weight, 140 pounds, showing a gain of 31 pounds in three months; the cough and fever had disappeared entirely; her monthly sickness had returned in normal amount; she ate three hearty meals daily, and slept soundly at night.

Case II.—C. B., male, aged 35. Bookkeeper by vocation. Healthy parentage, but

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one brother had died of pulmonary phthisis. Came to me in September, 1895, with following history: Had lost 15 pounds in six weeks. No appetite; disgust for food. A fever in the evening followed by profuse sweating at night. Cough and expectoration more or less constant. Examination of sputum when stained by the Ehrlich-Weigert method demonstrated the presence of tubercle bacilli: Compelled to give up work because of weakness. Physical examination elicited following signs: Very little respiratory expansion. Vocal resonance markedly increased, and bronchial breathing distinct. Upper lobe of right lung partially consolidated.

The only treatment he received was: Stomachic tonics and artificial digestives to overcome anorexia and to strengthen digestion; hydroleine, 3 ounces per day. I did not see him again until December of the same year (four months subsequent). At that time he presented the following condition: A gain of 45 pounds in weight. No cough or expectoration whatever. No fever or night-sweats. Had resumed his occupation. Ate his food with a relish, and enjoyed refreshing slumber at night. The upper lobe of the right lung had cleared up, and whatever lesion had once existed was practically healed by resolution-sclerosis.

Case III.—J. N., male, aged 16. Student in college. His father had died of fibroid phthisis some three years before. Was brought to me by his mother in February, 1896, with this history: "Neuralgic" or "rheumatic" pains through left shoulder. Dry, hacking cough during the morning hours. A profuse perspiration over head and neck followed sleep even in the daytime. Loss of appetite, gastric discomfort, and insomnia.

Physical signs: Inspection: Depression of left supraclavicular and infraclavicular spaces, diminished respiratory movement, and a long narrow thorax, with wide intercostal spaces. Palpation: Increased vocal fremitus. Percussion: Flatness and dullness. Auscultation: Sibilant and sonorous râles, broncho-vesicular breathing, harsh inspiration, and prolonged wheezing expiration.

My whole treatment of the case may be summed up as follows: Pepsin, ac. mur. dil., and strychnine for the stomach disorder; and hydroleine, 3 ounces daily, as a dynamic specific for the tubercular process. Patient reported three months after, in May. The "neuralgic" and rheumatic pains had been relieved within two days after commencing the hydroleine administration. The dry, hacking cough, with the perspiration, had disappeared simultaneously within the first two months after beginning my course of oil treatment. He ate abundantly, and had gained 24 pounds in flesh.

Case IV.—A. L., trained nurse aged 26. Her family history was excellent. Consulted me at my hospital clinic in July, 1897. Explained that she had been "on a case" of pulmonary tuberculosis during four months of the preceding year. She first began to notice a gradual, but progressive, loss in weight, attended by a loss of appetite and strength. A slight cough, with expectoration, continued throughout the day and proved very annoying. A mild fever, followed by a gentle perspiration, recurred regularly. Menstruation had stopped two months previous. Microscopical examination of her sputum had proved (by the Ehrlich-Weigert method) the presence of the tubercle bacillus in two out of five specimens.

Treatment was as follows: Pepsin, ac. mur. dil., strychnine; and hydroleine, 2 ounces daily, four hours after each meal. She returned after two months and reported: Her appetite was hearty, her digestion strong, her monthly sickness had returned normally, the cough had entirely ceased, the fever—with its subsequent perspiration—had disappeared, and she had gained 23 pounds in weight.

These represent only a sample of the characteristic cases of pulmonary tuberculosis

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which I have cured by the codliver-oil treatment, pushed to its maximum toleration.

GEORGES APOSTOLI, M.D., PARIS.

In Memoriam.

Death reaped a rich harvest in the last year of the nineteenth century and left the world poorer and mourning for its chosen sons. The medical profession has been no exception to this bereavement. One of their bright and shining lights thus put out in darkness was Georges Apostoli, who came suddenly into notice by, or rather brought prominently to the world's view, galvanism of uterine fibroids, so that his name at once became a household word in medical circles as a pioneer in this form of electrotherapy in Europe and America. His following was large, even in America, where he was antedated by eleven years. Many crossed the sea to sit at his feet and to award him the meed of praise that belongs to the first worker. This was a great tribute to Apostoli's worth, and must have been very pleasant to him.

He knew that he was given his due glory for his good work. When his attention was called to the facts in the case he showed a magnanimous disposition, and said he would have no controversy, but kept on working out the various lines and ramifications of the subject and organized a society in Paris for electrotherapy to keep the matter alive and in touch with the medical world. It is possible he may have foreseen his death and felt that his good work should not die with him. So now this society is a living monument to his memory.

We are glad to see that Apostoli's work goes on, and hope it may do even greater things than Apostoli by vitalizing his spirit and materializing his ideas. The publications he caused of foreigners' works on galvanotherapy (along with his own), translated into French, showed a largeness of soul that we endeavor to appreciate here. It displayed a loyalty to science which shines with a bright lustre in medical ethics and which is promotive of advancement to a higher level of action and honor to all concerned.

Doubtless he made mistakes. Who does not? Daniel Webster said "he would not give a cent for a man who never made a mistake." Another distinguished American jurist said: "He who never made a mistake never made anything."

But the manly way in which Apostoli rectified things won the writer to see in him a rare able man who was in for progress and used all the light and means he had in his work. In other words, "he did what he could," and that is high praise. It is an honor to pay tribute to such a man. Were all like him our art would far outstrip its present rapid progress.

In person he was mild and gentle spoken. He saluted as one who was a friend and lived in your presence, though he may not have seen you for years. He showed an intense devotion to his work—too intense, perhaps, for he was not an old man at his death. If he was thus martyred to his science, the more honor to him! His mind was cosmopolitan. His field was the world, and the world claims him as its field-worker. France has no exclusive share in him. He was a man of the age! Let us honor his memory by emulating his virtues, and may the Society of Electrotherapy of Paris go on, go on, go on—ever emulating the high example and virtues of its distinguished founder: Georges Apostoli.

Ephraim Cutter, M.D., LL.D.

New York, December 31, 1900.

Dr. T. Hewson Bradford.—Dr. T. Hewson Bradford, of Philadelphia, has been appointed Medical Director of the Presbyterian Ministers' Fund of this city, the oldest insurance company in this country, dating back to 1759, *vice* Dr. George W. Sparks, deceased.

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Abstracts.

Continued Fever as the Sole Manifestation of Syphilis Twenty-five Years After a Chancre.

M. Rocheblave reports the following interesting case:—

Passing through an Italian city, I was asked to see a fellow-countryman whose health was seriously impaired. He was a married man, 44 years of age, without children, originally robust, whose medical history spoke only of hydrocele, hygroma of the knee, and rheumatic pains, for which he had been sent, in September of 1897, to the saline and suphureted springs of Acqui. He had a dry and stubborn cough, without physical signs to account for it; frequent headache, constipation, insomnia, mental and physical depression, all being attributed to neurasthenia.

Upon his return from Acqui the patient had fever, which was at first regarded as due to grippe and subsequently to malaria. He was given a gramme (15 grains) of quinine for forty days. The stomach then becoming intolerant, he was given twenty-one hypodermic injections of the same dose. Nevertheless, no day passed without fever. After administration of the drug the temperature descended, indeed, to 37° C. (98.6° F.), or even lower, but at the end of a couple of hours it stood again at 38.5° C. (101.3° F.).

When M. Rocheblave saw him, the patient had the general aspect of chlorosis; but the most methodical examination revealed no alteration of the liver, spleen, heart, or lungs. The diagnosis of malaria was rejected on account of the curve of the temperature-chart, the integrity of the spleen and liver, and, above all, the failure of the specific medicine. The hypothesis of beginning pulmonary tuberculosis was not entertained. "If the cough, the loss of strength and appetite might cause one to think of tuberculosis, the persistence of the fever notwithstanding rest in bed and the absence of any pulmonary lesion, for nothing more than a slight degree of emphysema was detected by auscultation, would prevent one from forming such a diagnosis."

M. Rocheblave concluded that only syphilis could produce this continued fever without chills, without stages of sweating or heat, as high in the morning as the evening, never going above 39° C. (102.2° F.), rebellious to quinine sulphate and occurring in the person of a man who had never lived in a malarial country.

Interrogated upon this point, the patient confessed that he had contracted syphilis at the age of 19 and had had no more than seventeen days' treatment. Five years later his left testicle became very large and hard. A professor of the University of Siena called it a syphilitic testicle and first advised ten inunctions of mercurial ointment and subsequently pills of protiodide for ten days. During these twenty days the patient also took potassium iodide in the dose of 1 gramme the first day, 2 grammes the second day, and then 3 grammes until the twentieth. He was then told that he was cured and could marry, which he did. Two years afterward there appeared pains in the bones and muscles, headaches, and, above all, acute pain in the back of the neck. The patient did not fail to inform his physicians that he had had syphilis, but they could find no trace of that disease, and told him that he was suffering from neuralgia. He took iodide and was treated by hydrotherapy without avail. The headaches had lasted for about eight months, and the muscular pains had, so to speak, never ceased. For five or six years he had experienced severe intercostal pain, and the testicle had again become large and hard.

"I could, therefore," says M. Rocheblave, "no longer have the least doubt that the case was one of old syphilis, perhaps well treated by chance by potassium iodide, but certainly badly treated by mercury, because in twenty-five years the treatment had been

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given but for thirty-eight days, and terminating exceptionally in a general manifestation, fever, instead of, according to the usual rule, a sclero-gummy lesion. This fever, rebellious to 61 grammes (nearly an ounce) of quinine, could be conquered only by mercury, and in order to have the testimony of treatment by virtue of the old adage, *curationes naturam morborum demonstrant*, the writer prescribed only the protiodide in the dose of 0.10 gramme (1.5 grains) instead of the mixed treatment.

By the end of the second day the appetite and strength rapidly returned, and, fifteen days afterward, the patient, who had several times been condemned, was able to resume, in an effective manner, the direction of his affairs.—Le Bulletin Médical.

Imperfect Development of the Sudoriparous Glands.

At a meeting of the Medical Society of Berlin Dr. Tendler exhibited a man in whom the sudoriparous glands were insufficiently developed and in some localities were, in fact, absent. The patient, a laborer, 47 years of age, under treatment for cough and ozæna, declared that he had never perspired. When a child, in order to find relief from severe heat, he plunged into a pond. When at work he wore a wet shirt, which he frequently dampened. When the heat was intense, he sometimes lost consciousness. Examination of this man showed that the hairy system was poorly developed; the vault of the cranium was very prominent, especially at the forehead; the visage was flattened, and the jaws seemed as if atrophied. The skin was smooth, dry, and of normal temperature. The nipples were absent and there was not the slightest trace of adipose deposit in the pectoral regions. The genital organs were normal and no visceral anomalies existed. There was some bronchitis with an atrophic rhinitis. Speech was not clear, being disturbed by spasm of the false vocal cords.

Neither warm baths, douches, nor an injection of 2 centigrammes ($^1/_3$ grain) of pilocarpine, followed by envelopment with covers, produced any perspiration. Heat of the sun caused rather a high temperature. In the absence of relief the temperature rose 1° every quarter of an hour, and has been seen to ascend as high as 40.8° C. (105.4° F.). The respiration was troubled and very rapid (70 to 90 per minute) and the pulse frequent (90 to 110). If he then retires to a cool place the temperature falls slowly, and at the end of two hours is still above the normal. Reduction of temperature is hastened by phenacetin. Cold baths are very agreeable, but do not accelerate the loss of heat. Examination of the nutritive changes made by M. Zuntz showed that they were analogous to those which occur in animals which do not perspire. If by cold baths the temperature is reduced below the normal, the return to that point is made as usual. The urine is abundant, especially when the temperature is high; ordinarily the quantity passed in twenty-four hours is from 2000 to 3000 grammes (63 to 93 ounces).

There are a few sebaceous glands upon the hairy scalp. The examination of a small piece of skin taken from the left forearm showed that in that situation there are neither sebaceous nor sudoriparous glands. The total absence of the mammary gland confirms the opinion of Benda, who identifies the sudoriparous with the lactiparous glands.

Dr. Senator sees in this case a demonstration of the falsity of that theory which maintains that suppression of the secretions of the skin is followed by dangerous consequences.—Le Bulletin Médical.

Suffocation in Congenital Syphilis.

At a meeting of the Society of Pædiatrics M. Guinon referred to cases described by Archambault and M. Sévestre, and reported one which he had recently observed. A male child, 6 weeks old, was brought to the

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hospital in a state of asphyxia. The infant had been attacked by difficulty in breathing on the evening before admittance. There was scarcely time to notice that it presented vesicles, scaling of the feet, mild coryza, insufficient to explain the obstruction to respiration, alteration of the voice, and the "duck's cry," and to query whether a retropharyngeal abscess were present or, what is probable at that age, a foreign body, the symptoms were so urgent. Intubation was unsuccessfully attempted and tracheotomy was then performed. The child could then be examined, and it was ascertained that the tongue was enormously swollen. The child died at the end of three days from bronchopneumonia. The suffocation was produced by hypertrophic glossitis, perhaps due to syphilis. No ulceration of the larynx was found at the autopsy. The tongue, which was exhibited, was twice the size normal to the age.—Le Progrès Médical.

Pemphigus of the Velum Palati and Pharynx.

At a meeting of the Laryngological Society of Berlin Dr. Alexander presented a young painter, 17 years of age, who had grayish-white and in part confluent spots upon the mucous membrane of the velum palati, which was very red, and hæmorrhagic points upon the roof of the mouth. The same spots were found upon the tonsils, the posterior wall of the pharynx, in the nasopharynx, upon the epiglottis (which was much infiltrated), and finally in the pyriform sinuses and upon the base of the tongue. Potassium iodide only aggravated the evil. A cutaneous eruption followed, and was pronounced necrotic acne by a dermatologist. Amelioration was produced by arsenic. At the end of a month there was found upon the roof of the mouth a vesicle the size of a pea, and others as small as the head of a pin upon the mucous membrane of the tongue. The part surrounding the vesicles was red, and when the lesions ruptured a fibrinous deposit was left. The author believed that the trouble was pemphigoid. In a case shown by Rosenberg some years previously and exhibited again on this occasion there were analogous changes confined to the epiglottis. Rosenberg considered that the diagnosis of pemphigus was correct in both cases.—Revue Hebdomadaire de Laryngologie, etc.

Late Pulmonary Emboli and Phlebitis.

At a meeting of the Medical Society of the Hospitals M. P. Merklen said that pulmonary emboli, in the course of phlebitis, might be early or late. With very rare exceptions, those occurring early are benign because they are due to the migration of small, friable, and slightly-adherent cells developed in the venules. The spots of violent pain, with or without blood-stained sputum, and even the pulmonary congestion attended by fever, which they may determine, are generally cured. It is not the same with late emboli; that is, those which supervene several weeks after the beginning of the phlebitis. These are serious and often fatal, because they are large and due to the movement of a thrombotic clot engendered in an important venous trunk. They are usually attributed to rupture of the free or central extremity of the thrombus before its complete organization. This explanation is only plausible upon condition of admitting that, under the influence of special conditions, the process of organization is not performed within the ordinary period. Another and more rational supposition is that late emboli may be due to secondary and late attacks of latent phlebitis in a large vein, with the formation of large fresh coagula, not immediately adherent, quite as mobile as those of commencing phlebitis. This interpretation appeared to the speaker justified by two cases which he observed of sudden death from embolism in the course of phlebitis of the extremi-

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ties. The first was a case of puerperal phlebitis with emboli in the beginning, a prolonged subfebrile state, and progressive invasion of both lower limbs. The patient died within a few hours from a later asphyxiating embolus, on the twenty-second or twenty-third day after the beginning of the phlebitis. In the second case sudden death occurred about five weeks from the commencement of a secondary traumatic phlebitis with extravasation into the calf of the leg. The patient had also had early emboli with pulmonary congestion, the consequences of which were trivial, notwithstanding their apparent gravity. A light subfebrile condition, however, with an evening temperature of only 37.8° C. (100° F.) and digestive disturbances, recurred eleven days prior to sudden death. This was probably the prodrome of a latent and tardy attack of iliac phlebitis which produced the final embolus.

It therefore appears that, in certain cases, late has the same pathogenesis as early embolism, and may simply be the consequence of a late attack of phlebitis. This may be without symptoms or may announce itself only by a very mild fever. The temperature should be carefully observed. Infection of a vein can be considered at an end when there has been complete absence of fever for several weeks. Furthermore, the conclusion to be drawn from these cases agrees with the rule laid down by M. Pinard respecting the duration of rest in bed of women attacked by phlegmasia after confinement, viz.: for a month after the last rise of temperature.—Le Progrès Médical.

Chronic Syphilitic Frontal Sinusitis.

Dr. Ott de Lillebonne reports the case of a patient who presented the symptoms of empyema of the frontal sinuses. There were diffuse œdema, pain upon pressure, especially laterally at the root of the nose, ocular troubles, as convergent strabismus, exophthalmos, photophobia, dimness of vision; the general condition was bad, the skin was dark, the tongue loaded, the appetite lost, and from time to time there was fever.

All the symptoms becoming worse rapidly within the space of five days, it was decided to operate. A V-shaped incision was made, the bone was trephined with gouge and mallet, and a small, rugous, and friable surface was exposed. Both sinuses, unequal in size, were lined by a thickened mucous membrane of a reddish color, marked here and there by yellowish spots of that peculiar hue denotive of syphilitic gummata. For this reason the patient was placed the next day upon potassium iodide. There was not much pus in the sinuses. The naso-frontal canals were entirely permeable.

The results of the operation were excellent. The ocular disturbances at once began to vanish. In this case nothing could have excited the suspicion of syphilis. It appeared to be a typical case of acute empyema of the sinus, but, nevertheless, no pus was found. It is also of interest to note that the severity of the symptoms indicated intervention.—Revue Hebdomadaire de Laryngologie, etc.

Therapeutic Notes.

Arsenauro in the Treatment of Diabetes Mellitus.

A number of writers have recently alluded to the value of arsenauro in the treatment of diabetes mellitus. Dr. Heinrich Stern, of New York, in the New York Medical Journal, describes the different stages of the disease, and gives a list of cases showing sex, age, nationality, history, etc. As regards medicinal measures, he has employed arsenauro almost exclusively in the treatment of all his cases of preglycosuric diabetes. He begins with 5 drops and increases the dose until full physiological effects are produced.

Dr. George D. Barney, of Brooklyn, in the

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same periodical, says that arsenauro fortifies the glycogenic centre, increases vascular tone while diminishing the amount of blood supplied to the liver, and improves the digestion and the quality of the blood. In most cases he has seen marked and rapid benefit follow the use of the preparation. The quantity of sugar is notably decreased, the thirst grows less imperative, and nutrition improves. Similar testimony has been borne by Drs. Alexander W. Beck, J. P. Sheridan, R. B. Glass, Charles M. Hickey, and other writers.

Cough in Influenza.

℞ Sodii benzoatis, ʒj.
Bromoform, *m*x.
Syr. Tolutani, ℥j.
Syr. lactucarii, ℥iij.

M. Sig.: One tablespoonful every three hours.—Medical News.

Seborrhœa and Hyperidrosis.

At the Twenty-fourth Annual Meeting of the American Dermatological Association Dr. A. Ravogli, of Cincinnati, recommended, in cases of seborrhœa oleosa and of hyperidrosis, a mixture with a base of formaldehyde in the following proportions:—

℞ Formalin, ʒi-ij.
Glycerin, ʒij.
Aq. coloniens,
Alcohol rect., of each, ℥iij.—M.

Pleurisy.

The following mixture has been suggested by Matas to relieve the cough and remove the sero-fibrinous exudation:—

℞ Ammon. carb., ʒss.
Aquæ laurocerasi, ℥ss.
Syrupi lactucarii,
Syrupi senegæ, of each, ℥j.
Syrupi Tolutani, q. s. ad ℥iv.

M. et ft. mistura.

Sig.: One tablespoonful every two hours. —Journal of the American Medical Association.

Whooping-cough.

Dr. Roth has realized very happy results from a combination of iodine and carbolic acid as follows:—

℞ Carbolic acid, gr. xv.
Spts. vini, ʒss.
Tr. iodine, *m*x.
Tr. belladonna, ʒss.
Aqua menth. pip., ℥iij.
Syr. opii, ʒiiss.

M. Sig.: A teaspoonful of this is given to children over two years of age every two hours.

He has treated hundreds of cases, and cannot remember one in which the affection lasted longer than four weeks.—Medical Summary.

Nitrate of Potassium as an Antidote for Snake-bites.

Howard cites cases of persons bitten by rattlesnakes, whom he had cured by the following method: The patient is given, as soon as possible, enormous doses ($^1/_2$ ounce) of saltpeter, or potassium nitrate, dissolved in water. Wet potassium nitrate is also applied locally. Patients so treated have been known to continue their work and suffer no inconvenience from the bite, while in the cases where considerable swelling has occurred before the treatment could be administered, rapid amelioration of all the symptoms at once occurred, proceeding to cure within twenty-four hours.—International Medical Magazine.

Unpalatable Drugs Made Palatable.

Dr. L. Freyburger, in his "Pocket Formulary of Diseases of Children," offers the following suggestions:—

Aloin, $^1/_4$ grain, is disguised by 10 minims of fluid extract of glycyrrhizæ comp.

Ammonii bromidum, ammonii carbonas, and chloral hydras, 1 grain, are disguised by 5 minims of syr. aurantii.

Potassii bromidum, 3 grains, is disguised by 15 minims of syr. aurantii.

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Potassii iodidum, 1 grain, is disguised by $^1/_2$ drachm of aqua menthæ piperitæ.

Quininæ hydrochloras, $^1/_2$ grain, is disguised by 20 minims of syr. aurantii.

Sodii salicylas, 3 grains, is disguised by 5 minims of syr. simplex and 1 drachm of syr. cinnamomi.—Journal of the American Medical Association.

To Disguise the Taste of Magnesia Sulphate.

Dr. Benjamin P. Earle, of Charleston, Ky., writes to the Medical World that the above object is accomplished by the following mixture:—

℞ Sulphate of magnesia, ℥ii-iv.
Aromatic sulphuric acid, dilute, f℥j.
Water, q. s. ad Oj.

M. et ft. sol.

Sig.: Teaspoonful after meals.

Sore Nipples.

The nipple should be cleaned with a little water, to which has been added a small amount of borax, then apply the following:—

℞ Balsam of Peru,
Tr. of arnica, of each, 3ss.
Ol. amygdal. dulcis,
Aqua calcis, of each, ℥ss.

M. Sig.: Shake well and apply to nipple with camel's-hair brush.—Medical Summary.

The Treatment of Fissure of the Nipple.

Dombrovsky advises bathing the nipple with a 2- to 5-per-cent. solution of potassium permanganate several times a day, and says that a cure will result in a week at the most. The first few applications are slightly painful, but the pain soon subsides. Nursing need not be interrupted; before the breast is offered, the nipple is washed with warm water, and the adjacent parts are covered with some water-proof material or with a thick linen compress having an opening cut in it for the nipple to project through.—New York Medical Journal.

Cocaine in the Treatment of Intestinal Worms.

In a case where the extract of male fern was not well borne by the stomach Flesh had recourse to the administration, in addition to the male fern, of a solution of cocaine, of which the patient took a few drops from time to time in a little water before and during the ingestion of the capsules of extract of male fern. The solution of cocaine Flesh employed is formulated as follows:—

℞ Cocaine, gr. ii $^1/_4$.
Ext. belladonnæ, gr. iij.
Aqua valerian, 3iiss.

The patient took in all 5 centigrammes of cocaine. A purgative, calomel, given some hours later, brought about the expulsion of the tænia. The patient was kept in bed during the twenty-four hours that the treatment lasted.—Cleveland Medical Gazette.

Inflamed Rheumatic Joints.

The Canada Medical Record says that Osler recommends Fuller's lotion:—

℞ Sodii carbonat., 6 drachms.
Tincturæ opii, 1 ounce.
Glycerini, 2 ounces.
Aquæ, 9 ounces.

M. Sig.: Saturate hot cloths with the lotion and apply to the parts.

Gargle in Acute Tonsillitis.

A formula credited to Schnitzler by the Journal of the American Medical Association is:—

℞ Tinct. belladonnæ, 3ss.
Glycerini, 3iiss.
Decoct. althææ, q. s. ad ℥vj.

M. Sig.: Use as a gargle two or three times daily.

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Acute Tonsillitis.

The Journal of the American Medical Association attributes to Ashby the following formula:—

℞ Sodii salicylatis,
Potassii citratis, of each, gr. xl.
Syr. pruni Virginianæ, ℥iiss.
Aquæ, q. s. ad ℥ij.

M. Sig.: One dessertspoonful every three or four hours, for a child of 5 or 6 years.

Rheumatism.

℞ Veratrini,
Hydrarg. iodidi virid., of each, ℥j.
Petrolati, ℥j.

M. Sig.: Apply over joints affected.—Medical Times and Hospital Gazette.

Helenin.

Dr. Korab praises the action of helenin in allaying cough, diminishing expectoration, and facilitating respiration. It is also an excellent bactericide. It has a preventive and curative influence in hæmoptysis, stimulates the appetite, and improves digestion. He regards it as the remedy to be preferred in chronic bronchitis and pulmonary tuberculosis.—Le Progrès Médical.

Solanum Carolinense in Trismus Nascentium.

Marcy attended a case of trismus nascentium which commenced in a child when 9 days old. The child was able to swallow. A teaspoonful of sweet oil was given to clean out the bowels, and a minute dose of pilocarpine was prescribed to relieve the kidneys; for the convulsive condition he took a mixture of tinct. solanum Carolinense, ℥j to ℥j of syrup and water, ℥j every three hours. The solanum not having the desired effect, the time was decreased to two hours between doses, and the strength doubled; later it was made ℥iv to ℥j. In other words, the dose was increased until the patient went to sleep; he was kept asleep for two weeks, only allowing him to arouse enough to have some milk, which was drawn from his mother's breast and poured into his mouth. The relaxation occurred first in the jaws, so that he could nurse; then the arms lost their rigidity, and the hands opened; then the abdomen softened and the hips and thighs relaxed, so that the mother could set him on her lap.—Medical Standard.

Bismuth Subgallate in Gonorrhœa.

Dr. Dokerchaieff states that he has had brilliant results from the use of bismuth subgallate in both acute and chronic cases.

In the acute cases he first washes out the urethra with a boric-acid solution or a 2-per-cent. solution of potassium permanganate. Then he injects the following:—

℞ Bismuthi subgallati,
Pulveris acaciæ, of each, ℥ij.
Aquæ destil., ℥iij.

M. Sig.: Use as an injection every two hours and retain the liquid each time for five minutes and allow it to escape drop by drop.

In the chronic cases the urethra is well irrigated and a bougie made up as follows is introduced:—

℞ Bismuthi subgallati, gr. xx.
Wool-fat, ℥iiss.
Ceræ albæ (white wax), ℥ss.

M. Sig.: Insert and lightly massage the penis to bring the mucous membrane in contact with the bougie.—Journal of the American Medical Association.

Pyrosis.

The following pill is useful:—

℞ Zinc oxide, 2 1/2 grains.
Powdered opium, 1/2 grain.
Extract of hyoscyamus, 2 grains.—M.

Gonorrhœa.

The following internal treatment has been found very serviceable:—

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℞ Fluid extract of corn-silk, 1/2 ounce.
Spirit of nitrous ether, 1/2 ounce.
Balsam of copaiba, 1 ounce.
Mucilage, 1/2 ounce.
Water, to 6 ounces.

M. A dessertspoonful to be taken three times daily.—New York Medical Journal.

Dyspepsia of Infants.

The Paris correspondent of the Therapeutic Gazette quotes the following from Dr. Jules Comby:—

"The atonic dyspepsia, constipation, and anorexia should be treated in different ways by certain drugs, such as:—

"℞ Bicarbonate of sodium, 4 grains.
Calcined magnesia, 3 grains.
Powdered cinnamon, 2 1/2 grains.
Protoxalate of iron,
Powder of nux vomica, of each, 1/6 grain.

"Make into one powder.

"Two such powders should be taken each day in a teaspoonful of milk or sugared water for a period of ten days. This is for a child two years old.

"℞ Bicarbonate of sodium, 3 grains.
Neutral salicylate of bismuth,
Benzonaphthol, of each, 2 1/2 grains.
Protoxalate of iron, 1/6 grain.

"Make into one package. Three a day for children fifteen months old suffering from dyspeptic anæmia with diarrhœa and fœtid evacuations.

"℞ Bicarbonate of sodium, 4 grains.
Powdered chalk, 2 1/2 grains.
Pepsin, 2 grains.
Powdered aniseed, 1 grain.
Powdered nux vomica, 1/12 grain.

"Make into one package. Two a day should be given to children from fifteen to eighteen months old suffering from tympanites and eructations."

Neurasthenia.

Professor Lemoine makes use of the following method, giving every two days a subcutaneous injection of from 30 to 75 grains of the following solution:—

℞ Phosphate of sodium, 45 grains.
Chloride of sodium, 30 grains.
Boiled water, 1500 grains.—M.

This dose of the phosphate, though very weak, often acts with great rapidity when thus administered. Depression is even replaced at times by exaltation.—New York Medical Journal.

A Mixture for the Prevention of Abortion.

Bossi recommends this mixture:—

℞ Fluid extract of hydrastis Canadensis,
Fluid extract of hamamelis Virginica,
Fluid extract of viburnum prunifolium,
Tincture of piscidia erythrina, of each, 10 parts.
Wine of opium, 2 parts.

M. Sig.: Dose, 90 drops in half a glass of water, to be repeated, if necessary, up to three doses in twenty-four hours.—New York Medical Journal.

A New Kola Preparation.

Dr. Julius Flesch offers the following combination for the treatment of functional nervous diseases:—

℞ Ferrocitrate of quinine, 45 grains.
Nitrate of strychnine, 1 1/5 grains.
Fluid extract of kola, 375 grains.
Glycerophosphate of sodium, 375 grains.

Dissolve slowly by heat and add:—

Syrup of orange-peel, 6 ounces.—M.

The dose is a teaspoonful after each meal. The author says that he has achieved excellent results with this preparation as a tonic.—New York Medical Journal.

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THE

Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
F. A. DAVIS COMPANY, Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, Feb., 1901.

DEFECTS OF THE STREET-CARS.

ALTHOUGH the street-car system of Philadelphia is a public necessity and has been an indirect means of much good, yet it is in urgent need of improvement in certain respects. Its perfect operation is hampered by a number of defects. To some of these we have already alluded in these columns.

One imperfection of the system relates to the number of cars. Either the company does not possess a sufficiency of these vehicles or else they are badly distributed. While there may be some lines upon which the travel is comparatively light and which, therefore, do not require cars to be run with great frequency, others—and the most, we should surmise—demand more cars than are in use at present. This is particularly the case with those known as L lines. In the nature of things such routes accommodate an increased number of people, and therefore are much more likely to be overcrowded than those which can be serviceable to fewer passengers. As a matter of fact, they are excessively overcrowded. There are several lines in this city which are notoriously unable to grapple with the crowds of riders. On not a few it is almost a matter of impossibility for a man to obtain a seat: "ladies' lines," as they are often popularly termed. In other words, the company takes a man's fare for an accomodation which it does not furnish. In one part of the city the absurdity is witnessed of two lines which run part of their course in common. Whereas, however, one of the two is habitually crowded and jammed to suffocation, the cars of the other line are scarcely ever anywhere near filled. Yet an equal number of cars are run on each route. On one system the cars are half full or quarter full and on the other twice or four times as many people are carried as can be properly accommodated. Instead of providing an equal number for each division, one should operate three or four times as many cars as the other in order to make an equality of service. Every once in awhile a division which has secured a large patronage is suddenly dropped as if the company feared that it was giving too much service to the public.

These are a few of the inexplicable customs of the company. There is altogether too much congestion of travel, and passengers are herded together in a manner which is not conducive to health or even decency. Travel in such overcrowded conveyances is an abomination and an affliction in every sense and for which there is no sufficient excuse. There can be no doubt that under ordinary circumstances many diseases are contracted in the stuffy and unwholesome atmosphere of the cars. On damp and stormy days the evils are increased manifold.

The construction of the cars leaves much to be desired. An antique model is still retained, whereas improvements have already been designed and no doubt others would be forthcoming were there any encouragement. One of the detrimental features of most of those now in use is the plush seatings with which they are provided. There cannot be the least shade of doubt that the atmosphere of a crowded car is loaded with morbific germs which are constantly being inhaled and transferred from the pulmonary passages of one individual to those of others, and therefore act as propagators of various contagious affections. All these germs settle upon the plush seats and linger there indefinitely in the colder seasons of the year. It is an every-day sight to witness dust from the street covering the seats, mud from chil-

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dren's shoes in the same situation, and the mire of the streets tramped in upon the floor. At the end of the route the cars are seldom swept or dusted. Only a few days ago the writer chanced to be in a car standing in a depot waiting for its turn for the next trip. It was of the pattern which has windows that cannot be raised or lowered, solidly fixed in the side. The outside of the windows was cleaned while the car stood, but not a thing was done to the interior. The seats were not dusted, the floors were not swept. Dust was thick upon the woodwork.

If such conditions are reprehensible and dangerous in ordinary seasons, what must they be during the prevalence of an epidemic like the grippe. The inference is assured that many cases must be acquired in transit.

It has repeatedly been shown by demonstration and ocular proof that plush furniture of all descriptions affords an admirable *nidus* for bacteria. Add to this fact overcrowding, insufficient breathing-space, with entirely inadequate provision for ventilation, and we cannot wonder that epidemics spread largely among the patrons of the street-cars.

We are glad to observe on a few of the lines cars with cane-bottomed seats, but they are as yet all too few. It is to be hoped that they will be multiplied, and that those of older type will be gradually eliminated from the service. In view of the experiments which have been made with the peroxide of sodium, it now becomes an interesting question whether that substance cannot be utilized in the regeneration of the air of cars. It has been shown that by decomposing the peroxide of sodium by means of cold water the oxygen given off replaces that consumed in respiration, while the soda absorbs the carbonic-acid gas. This oxidizing agent is also destructive to toxins. It would seem that this discovery may have a valuable application in renewing the contaminated air of public conveyances.

THE DIETARY OF ALMSHOUSES.

MUCH thought and extended experience are required for the construction of a suitable dietary for large public institutions. If a person is a fit recipient of municipal charity, he or she is, by that fact, entitled to sufficient food of proper quality to maintain life and health. Those undeserving of support should be obliged to earn in some manner enough to offset the expense to which they put the community. The aim of administrators should be to make almshouses, reformatories, and prisons self-supporting, or, if that be not possible, at any rate to approximate to that *desideratum*. This may be laid down as an axiom. The sick poor are subjects for treatment in the hospital, which should be kept entirely separate and distinct from the poorhouse. Suitable provision should be made for aged and infirm inmates of the latter institution.

Thus, for the most part, we need only to satisfy the wants of healthy adults. Other classes are exceptional beneficiaries. It is a part of the duty of the officials of almshouses to take care that the quantity of food provided should not be in excess of the demands in order that there should be no unnecessary waste. A plain, substantial diet, fit to satisfy hunger and maintain strength, is what is required. Elaborate calculations have been made by different physiologists of the amount of alimentary principles required to sustain life. Upon such a basis lists have been constructed of such articles as will furnish the maximum of nutriment at the minimum of cost. The main features of these tables cannot vary materially, since the demands of human beings are ever about the same, and the foods by which they are supplied are also pretty uniform. A certain fluctuation of cost will, of course, depend upon abundance of crops, improved mode of manufacture, or facilities of transportation, and the managers of almshouses can take advantage of such opportunities provided that the product or substitute is not of a

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deleterious character. Illegitimate adulteration must be avoided.

The most efficient philanthropists perceive clearly that the truest charity consists in helping the poor to help themselves, and not in keeping idle people at the public expense. It is a corollary to this statement that applicants for relief should be carefully examined, that the worthy should be admitted and the unworthy rejected. Many idle and vicious characters are sheltered in the poorhouse of this and other cities. At least, if such are admitted they should be set to work.

The diet should be inexpensive, and there should be as little waste as possible. There is no necessity, however, and it is not at all desirable that the fare should exhibit that rigid monotony which inevitably excites disgust. Paupers need not be fed on unvarying diet. Without any additional cost it is possible to frame tables sufficiently varied to satisfy taste as well as hunger. This is a point in which dietaries often fail. The superintendent and the managers of such institutions should spend some time in the construction or revision of the bill of fare, and not allow the cooks to follow an undeviating routine. What can be accomplished in this direction is aptly illustrated by a new order recently promulgated by the Local Government Board of London. The principal features of this order as relating to the almshouse dietary are given by the Lancet for November 24, 1900. In the regulations for breakfast and supper for able-bodied men and women, whether at work or not, 11 varieties of dishes are named, and it is particularly directed that the two meals shall not be alike on any one day. "The list of rations for dinner in the plain diets for able-bodied men and women, whether at work or not at work, contains no less than 39 varieties. It includes dinners of roast or boiled beef, mutton and pork with bread and vegetables; boiled beef with suet pudding, bread, potatoes, and other vegetables; tinned meat, bacon, hashed meat, fish, soup, Irish stew, hotch-potch, meat-pie, and potato-pie. The large range of possible meats thus suggested gives a pleasant impression of thoughtfulness in those who have constructed the formulæ. And this impression is confirmed by a study of the various dinners, 24 or 25 in all, supplied to the infirmaries. Here the meat course is supplemented by 13 puddings, roley-poley, golden pudding, bread pudding, and the like, names which suggest the disposition to supply the infirm with convenient and even enticing food."

The foregoing list causes one to think that probably many an able-bodied pauper in London did not fare so well before he entered "the house." Some might criticise the lists as being needlessly liberal, but if the inmates give the community labor in exchange for their keep they may be considered as, in a sense, employees, and as deserving better fare than worthless vagabonds.

Medical News and Miscellany.

Bacterial Light.—We are indebted for a good many things to the wondrous synthetic and analytical powers of micro-organisms. Bacteria are being utilized in the arts and manufactures, and they promise soon to be the effectual scavengers of the offensive products incidental to the existence of human life. Indeed, it would seem that the great species of bacteria around us present a variety of functions which doubtless could be turned to many a good account. Bad microbes we know there are whose subtle operations set up the specific poison of disease, but it would, indeed, be a very odd circumstance if time should prove that the microbe can be so manipulated as to afford us artificial light. Yet there exists a microbe which when properly fed will grow and multiply enormously, emitting during its development a strange phosphorescent light. In the past we have been wont to

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look upon phosphorescence as a phenomenon due essentially to the presence of phosphorus somewhere. We now know that this is a mistake, for phosphorescence occurs in a very great number of instances in the entire absence of phosphorus. Phosphorescence is undoubtedly a manifestation of chemical or physical change, but the change, of course, may not always be due to the working of countless microscopical organisms. It certainly is in the case of the phosphorescence of the sea. In this the phosphorescence is best when the sea is disturbed and the maximum of light is emitted from the crest of a short, rapid wave or in the foam produced by some disturbance. This is due to the fact that the phosphorescent bacteria or photobacteria are much more active in the presence of an excess of oxygen. Indeed, the respiratory exchange or oxidation of the bacteria is the cause of sea-phosphorescence, since if the micro-organisms be killed or oxygen be excluded the light is quenched at once, while on adding an abundant supply of combustible foodstuff, such as sugar, the light is intensified. The glow of ordinary yellow phosphorus is, of course, due to direct oxidation without the agency of micro-organisms. The peculiar greenish glow seen upon the stale haddocks and other sea fishes is produced by this remarkable photobacterium, and is in no way connected with the presence of phosphorus. It is possible to cultivate the phosphorescent bacteria so as to obtain a fluid which is very strongly phosphorescent. Thus by placing the flesh of fresh haddocks or herrings in a from 2- to 3-per-cent. solution of common salt and keeping at a low temperature—about seven degrees above freezing—it will be found that, after a few days, not merely the fishes, but also the whole of the liquid in which they are immersed, gives off a pale-greenish light, which becomes much more brilliant if a little sugar be added. Pure cultures may thus be obtained exhibiting such a strongly-phosphorescent light that by protracted exposure they may be photographed by their own light. It is not possible to say whether the culture will ever be carried to such a pitch that the vessel containing it may be used with advantage as a street-lamp or a lamp upon our tables, or as a Chinese lantern at our garden-parties. But the wonderful functions of bacteria are many, and the possibilities of using their powers multifarious.—Lancet.

Ladies' Home-Journal.—"The Baltimore Belle Who Made the Most Brilliant Match of Any Girl in America" is the title of an article in the Ladies' Home-Journal for January. "Housekeeping in a Millionaire's Family," "The 'Little Women' Play," adapted from Miss Alcott's charming story, for stage presentation, and illustrated by Reginald B. Birch, and two pictorial pages, "A Winter Service at Church," by W. L. Taylor, and "The Town-meeting," by A. B. Frost, are some others of the leading literary and artistic features with which the Journal begins the twentieth century. "The Forehandedness of Lucinda Smith," by "Josiah Allen's Wife," Elizabeth Stuart Phelps's "The Successors of Mary the First," "The Story of a Young Man," by Clifford Howard, and another "Blue-River Bear Story," by Charles Major, are also among the many excellent things presented in the January Journal. Two articles show plans and detail for "A Country House of Moderate Cost" and "A Southern Farmhouse to Cost $3000." Edward Bok writes of "The Two Centuries and This Magazine"—the Journal. There is also a double page, "Through Picturesque America," giving eleven views of the magnificent scenery of Washington and Oregon. Practical articles show the fashions in woman's wear, and touch upon almost every subject for the home. By the Curtis Publishing Company, Philadelphia.

Scribner's Magazine. — Scribner's Magazine has many projects for the year 1901, and several of the most important have their beginning in the edition for January, which

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has just been issued. In fiction, readers will welcome the half-dozen "Amateur-Cracksman" stories by E. W. Hornung, each of which is complete in itself; but the ingenious Raffles and his accomplice, Bunny, appear in all of the adventures. The one in this number is entitled "No Sinecure," and it is illustrated by F. C. Yohn, who will make the pictures for the whole series. Raffles has already taken his place among those distinguished characters in fiction which everybody knows about.

There will be five more articles on "Russia of To-day," by Henry Norman, M.P. The present issue describes a romantic journey in "The Caucasus," which Mr. Norman believes is the most attractive vacation-trip in the world. The illustrations show the picturesque features of the country.

Thomas F. Millard, who has been in five wars and whose articles on the Boer army attracted so much attention in Scribner's last year, gives "A Comparison of the Armies in China," which is the best critical summary that has yet appeared of the excellences and defects of the various armies in the field.

The organized fight which is assuming important proportions against the disfiguring of landscapes by unsightly advertising is explained by Arthur Reed Kimball. George Horton, recently U. S. Consul at Athens, and a writer of stories of "Modern Greece" which have attracted attention, contributes the first of two papers on "Modern Athens," giving the life of to-day, with its romantic, historical background.

Rodin, the great French sculptor, is the subject of an elaborate critical paper by W. C. Brownell, the well-known authority on French art. A number of the most important sculptures are shown in the illustrations. Stephen Bonsal tells the story of a surprising adventure in "The Plague Ship" along the China coast; there is a short story of sentiment by Mary Tappan Wright entitled "A Day Together."

Henry James writes of the associations of Thackeray's "Denis Duval" with Winchelsea and Rye. Poems by Marguerite Merington, Grace Ellery Channing, and Robert Bridges, and a description of "Two Beautiful Rooms in Japan" by W. B. Van Ingen conclude the issue.

Dr. J. Hendrie Lloyd.—Dr. J. Hendrie Lloyd, who has been for many years on the staff of the Philadelphia Hospital as neurologist, has resigned.

McClure's Magazine for January. — In variety and worth of contents McClure's Magazine for January is notable, as well for literary merit as for art. The first in a series of memoirs by Miss Clara Morris appears in this number, and by the graces of her writing the famous actress gives added value to a narrative full of interest. In this is told the story of her trials and triumphs on the occasion of her first appearance in New York.

There is a careful and vivid pen-picture of the Emperor William, that most interesting figure of contemporary royalty. From this study by Mr. Ray Stannard Baker the reader gains definite acquaintance with the man and the sovereign. A third article of merit is entitled "Great Achievements of Modern Bridge-building." Here Mr. Frank W. Skinner, C.E., relates many marvels in this most marvelous branch of modern engineering, and we learn just why it is that America leads the world in this work.

A second installment of Mr. Rudyard Kipling's new novel, "Kim," appears, with illustrations by Mr. Edwin Lord Weeks and Mr. J. Lockwood Kipling. The short stories cover a wide range, and are splendidly illustrated. "After Culloden," by Mr. William McLeod Raine, is a tale of Scotch adventure in an historical setting. "The Rocks of Moraga," by Mr. Mortimer O. Wilcox, tells of an incident in the Philippines. "The Revenge of the Four," by Mr. Josiah Flynt and Mr. Francis Walton, is a whimsically-told narrative of events in that under-world whose mysterious ways Mr. Flynt knows so

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well. A clever study of Chicago types is made by Miss Edith Wyatt in "Limitations," and in "The Chairman's Politics," Mr. Will. Payne mingles love and politics in a delightful comedy.

American Monthly Review of Reviews.—Dr. Albert Shaw established the American Review of Reviews early in the year 1891, and thus that publication is now closing the first ten years of its existence, during all of which period it has remained under Dr. Shaw's editorship and direction. It enters upon the opening year of its second decade with a stronger position in every way than it has held in any previous year.

The January issue of the American Monthly Review of Reviews has great variety and extraordinary alertness and timeliness. It happens to have several important and carefully written articles about people, prominent among which is to be mentioned a very brilliant review of President Gilman's administration at the Johns Hopkins University, contributed by Dr. Nicholas Murray Butler, of Columbia University, the foremost authority on educational work in the United States. There is a sketch of Mark Twain, apropos of his return to the United States, which gives a very convenient review and summary of his long literary life. Sir John Tenniel, the great cartoonist of Punch, completes this month fifty years of continuous work upon that venerable and amusing London weekly, and Dr. Shaw, with some comments upon Tenniel's career and methods as a cartoonist and draftsman, reproduces a considerable number of his most famous cartoons, including two or three of his Lincoln cartoons at the time of our Civil War. Dr. Samuel G. Smith, of St. Paul, contributes an appreciative character sketch of the late Senator Cushman K. Davis; and Mr. Murat Halstead, who had known Henry Villard for forty years, writes very interesting reminiscences of that distinguished railroad-builder and financier. Mr. Lusk, an Australasian statesman, contributes an article upon the resources and prospects of the new Australian commonwealth, which began its career on the 1st of January, while Mr. James B. Rodgers, who has studied the subject with great care, writes an illuminating article on "Friars, Filipinos, and Land," apropos of some of the most important problems we have to face in the Philippine Islands. A somewhat remarkable feature of the month's Review is a full list of the members of the Electoral College, who met on the 14th day of January and elected a President and Vice-president of the United States, in connection with which Dr. Shaw contributes some pages of comment upon the history and working of our peculiar method of selecting a president. In Massachusetts there is a public commission charged with the care of park reservations contributed by individuals to the commonwealth; and an extremely attractive illustrated article explaining the work of this commission is contributed by Mr. Sylvester Baxter. This number of the Review is full of timely portraits and general illustrations, and seems to contain about 140 or 150 pictures. The editor's department, entitled "The Progress of the World," is an exceptionally well-rounded review of public affairs at home and abroad, and the "Leading Articles of the Month," condensed from other periodicals, present many topics of especial moment.

Major Turnbull, M.D.—Dr. Charles S. Turnbull, of Philadelphia, has been appointed surgeon of the First Regiment, N. G. P., with the rank of major. He has been connected with the regiment since 1862.

Dr. William Warren Potter.—Dr. William Warren Potter has been appointed a member of the auxiliary committee of the Third Pan-American Medical Congress.

Dr. Cornelius Deweese.—Dr. Cornelius Deweese, for four years pathologist at the Maryland Hospital for the Insane at Catonsville, Md., has sent his resignation to the board of governors. Dr. Deweese will enter the Government Hospital for the Insane at

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Washington, and take up the work of pathology there.

Functional Heart-murmurs in Infants.—Dr. H. Neumann says that accidental heart-murmurs were thought never to occur in infants until Dr. Thiemisch reported a case of functional systolic heart-murmur in an infant 7 months of age. The author met a child 1 1/2 years old, with a history of hereditary syphilis and with existing rachitis and broncho-pneumonia, who on first examination was free from any abnormality of the heart, but twelve days later presented a mild systolic murmur audible at the apex. The murmur persisted fourteen days, until two days before her death. The autopsy revealed a slight dilatation of the right and a normal left ventricle. The valves were intact and thin. The heart-muscle was quite anæmic. The ventricular septum was closed, the ductus Botalli obliterated, and the foramen ovale permeable by a sound, thus excluding any organic heart disease.—Post-graduate.

Association of Ex-Resident and Resident Physicians of the Philadelphia Hospital.—At the fourteenth annual reunion and dinner of the association the following officers were elected for the ensuing year: President, Dr. E. L. Duer; vice-presidents, Dr. H. C. Wood and Dr. J. K. Lineaweaver; secretary, Dr. E. R. Stone; chairman of the Executive Committee, Dr. R. G. Curtin.

Professor G. Braun.—Prof. G. Braun, of Vienna, has retired from his chair of obstetrics, on account of the age-limit.

An Unusual Symptom in Helminthiasis.—Papi records the case of a child, aged 18 months, suffering from gastro-enteritis and cough, who developed Cheyne-Stokes respiration. No cause could be detected for this in the thorax, the heart was normal, and the lungs only contained a few râles of bronchitic character. The child vomited ascarides, after which the respiration became rather better, but still had a Cheyne-Stokes character, until free purging and vermifuge treatment was adopted. As soon as the worms were expelled the respiration became normal. The author believes the Cheyne-Stokes phenomenon was due to some poison secreted by the ascarides.—British Medical Journal.

British Congress of Tuberculosis.—The British Congress of Tuberculosis will be held in London during the week beginning July 22, 1901, under the auspices of the National Association for the Prevention of Consumption. The President of the Executive Committee of the congress is Dr. T. Clifford Allbutt and the general secretary is Mr. Malcolm Morris. There will be four sections, on state medicine, pathology, human medicine, and veterinary medicine, respectively. Foreign governments and universities will be invited to send delegates.—Medical Record.

Dr. L. B. Woodcock.—Dr. Leo B. Woodcock, of Scranton, Pa., was a recent visitor in Philadelphia.

An Anecdote of Frederick Treves.—Mr. Treves was traveling on one occasion by sea with a friend, and the latter having a bad foot requiring slight surgical treatment, Mr. Treves took him along to the ship's doctor, who soon made preparation to operate. A mild suggestion from Mr. Treves as to using a grooved needle was not received with favor. At a second even milder and more deferential suggestion that carbolic was a rather good thing sometimes to use, the great surgeon got such an indignant look that he modestly retired. The doctor then made some cutting remarks about "amateurs," and asked the name of the vanquished one. "Oh, his name is Treves," replied the patient quietly. "Any relation to the man who wrote those books?"—pointing to a complete row of Mr. Treves's works. "Happens to be the same man," was the smiling reply.—Medical Standard.

Minnesota Valley Medical Association.—Dr. Oliver H. McMichael, of Vernon Center, has been elected president and Dr. Edwin D.

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Steel, of Mankato, secretary of the above association.

Postponement of the Third Pan-American Medical Congress.—The Committee of the Third Pan-American Medical Congress, after consultation with Surgeon-General Wyman, decided, on account of the health conditions in Havana, to postpone the congress until February 5th. Dr. Juan Santos Fernandez, of Havana, the president of the congress, advised the postponement by cable.

St. Louis Obstetrical and Gynæcological Society.—The following are the officers-elect: President, B. M. Hypes; vice-president, F. J. Lutz; recording secretary, L. E. Newman; treasurer, F. C. Amels; corresponding secretary, Willis Hall.

Chair of Tropical Medicine in Paris.—A chair of tropical medicine has been established by the Paris Faculty of Medicine.

Apostoli's Bequest.—The late Dr. Apostoli, of Paris, bequeathed $4000 to the Académie de Médecine to found a prize for works on electro-therapeutics.

Dr. Henry B. Stehman.—We learn from the Journal of the American Medical Association that Dr. Henry B. Stehman, to whose persistent work and skilled and tactful management the Presbyterian Hospital of Chicago owes most of its success, has been compelled by continued ill health to resign as superintendent of the institution.

The Willan Dermatological Club.—A number of physicians in St. Louis, interested in diseases of the skin, have formed a society having the above title.

Consolidation of Medical Colleges.—Announcement has been made of the consolidation of the Beaumont Hospital College and the Marion-Sims College of Medicine. This will not become effective until May 1, 1901. The faculties of the two colleges will be merged.

Dr. Fenger's Donation.—Dr. Christian Fenger has donated to the library of Rush Medical College a collection of books which represents the German surgical literature of the last fifty years. This collection includes the library of Professor Luecke, of Strassburg, and several thousand inaugural dissertations collected by Thiersch.

Obituary.—*Ephraim Ingals.*—We regret to note the death of Dr. Ephraim Ingals, of Chicago. The deceased was born in Connecticut in 1823. He studied medicine at Rush Medical College under the preceptorship of Professor Brainerd, and was graduated in 1847. He practiced in the country for ten years, when he located in Chicago. Two years later he became Professor of Materia Medica and Medical Jurisprudence in his *alma mater* and a member of its board of trustees. Dr. Ingals was an advocate of the affiliation of medical colleges with universities and at the time of the union of his own school with the University of Chicago he contributed $25,000 toward the liquidation of the debts of the college. He also endowed the Ingals Professorship of Therapeutics and Preventive Medicine and gave $10,000 in aid of the laboratories of the Northwestern University Medical School. For the last ten years Dr. Ingals had been retired from active practice.

Dr. John Henry Fruitnight.—We regret to learn of the death of Dr. John Henry Fruitnight, of New York City, at the early age of 49 years. Dr. Fruitnight was graduated from the Bellevue Hospital Medical College in 1875. He was a well-known writer on diseases of children.

Professor Ollier.—France and especially the city of Lyons has sustained a loss in the death of Professor Ollier, the distinguished surgeon. He was born in Lyons seventy-five years ago, and had long been Professor of Surgery in his native city.

Dr. Richard Neale.—The profession is a loser by the death of Dr. Neale, who for fifty years had given, on an average, four hours daily work to the compilation of "Neale's Digest." This publication, uni-

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versally known and esteemed, had proved a reliance and assistance to numerous practitioners. Dr. Neale knew by experience the needs of this class, having himself long been a general practitioner, both in Java and England.

Dr. Francis M. Nesmith.—Dr. Francis M. Nesmith, Superintendent of Garfield Hospital, Washington, D. C., has severed his connection with that institution to accept a like position at the Presbyterian Hospital, Chicago.

Dr. T. D. Crothers. — Dr. Thomas D. Crothers, of Hartford, Conn., has been appointed Professor of Diseases of the Brain and Nervous System, with Especial Reference to the Effects of Alcoholic and Drug Poisons, at the New York School of Clinical Medicine.

A New Symptom in Epilepsy.—Carlo Ceni reports a curious fluctuation in the bodily temperature of epileptics, which he considers of sufficient constancy and importance to merit a place in the symptomatology of the disease. The phenomenon in question is a very marked temporary drop in temperature occurring at various times of the day or night. The drop may be of from one to five degrees and last from a half to one hour. The phenomenon has all the characteristics of an epileptic crisis, which does not come to the consciousness of the patient. In some instances it was observed three or four times in the twenty-four hours, but more often it appears periodically at intervals of several days or weeks. There is no apparent connection between the occurrence or the frequency of these variations in temperature and the severity of the disease itself, neither do they appear to stand in any relationship to the typical epileptic seizures. —Medical Record.

Mary Fletcher Hospital.—At the annual meeting of the directors of the Mary Fletcher Hospital, Burlington, Vt., the following staff was elected for the ensuing year: Drs. Patrick E. McSweeney, Samuel E. Maynard, William R. Prime, and Harris R. Watkins, attending physicians; Drs. Leroy M. Bingham, John B. Wheeler, Donly C. Hawley, and Henry C. Tinkham, attending surgeons, and Dr. Marshall C. Twitchell, ophthalmologist.

Appointments. — Dr. Joseph Collins has been appointed consulting neurologist to the Hospital for the Ruptured and Crippled of New York City. Dr. Henry Heiman has been appointed adjunct visiting physician to the children's service in the Mt. Sinai Hospital.

Dr. Charles J. Bartlett.—Dr. Charles J. Bartlett, Professor of Pathology and Bacteriologist in the Yale Medical School, New Haven, has been appointed medical examiner by Coroner Mix, *vice* Dr. Moses C. White, deceased.

Late Syphilitic Pyrexia — Intermittent Essential Fever of Syphilis.—At the Clinical Society, of London, Eng., Mr. Campbell Williams reported a case of this comparatively-unrecognized condition. A man, aged 43, contracted syphilis in December, 1896. After the secondary stage he suffered from little except a sore tongue. He was treated mainly with mercury alternated with iodides for a period of two years, and was free from all symptoms for eighteen months before ceasing attendance. In April, 1900, he had periostitis of the right clavicle, and pyrexia. His temperature rose every afternoon, and the crisis took place in the small hours of the morning. Syphilitic fever was diagnosed, and he was put on mercury. On April 25th his temperature became normal and had remained so ever since. In the discussion which followed Dr. Sidney Phillips remarked that such cases were by no means uncommon, and referred to one which he had recorded in the "Transactions of the Medical Society of London." In another case under his care, a woman, who had contracted syphilis ten years previously, developed pyrexia such that might be mistaken for malarial fever. Some years ago a case

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was reported by the late Dr. J. S. Bristowe of a man who had intermitting pyrexia of obscure origin, until syphilitic choroiditis was discovered in the eyes. Mercury was then given and the patient recovered. Dr. T. D. Savill also agreed that such cases were not uncommon, and was surprised that the fact was not recorded in text-books.—Journal of the American Medical Association.

Ottawa Clinical Society.—The following officers have been elected for the current year: President, Dr. Scott; first vice-president, Dr. Echlin; second vice-president, Dr. Minnes; third vice-president, Dr. McElroy; secretary, Dr. Royce; treasurer, Dr. Mayburry; curator, Dr. Pratt; librarian, Dr. Bowles; executive committee, Drs. Cooke, Webster, Klock, and Robinson.

Convulsive Sneezing in Whooping-cough.—Szego Koloman writes that in this rare variety of whooping-cough the spasmodic attacks occur in the form of convulsive sneezing, instead of a cough. The case reported showed all the symptoms of pertussis. A younger brother of the patient, who was taken sick just previously, had the usual convulsive cough. Filatow refers to some cases reported by Roger, who has seen several of this variety. He states that instead of having paroxysms of cough the children are seized with convulsive coryza. The sneezing is repeated at intervals of from thirty minutes to one hour, and terminates with a profuse discharge of mucus from the nares, resembling the mucus expectorated at the termination of the regular pertussis paroxysm. A case has been reported by Henoch.

The history of the author's own case is as follows: A 3-year-old boy was taken ill with catarrhal symptoms, sneezing and coryza predominating. At the onset of one of the paroxysmal attacks the child would become restless and cry. He held his breath as though attempting to avert the attack. Instead of the cough, sneezing would follow, with a second and third attack at short intervals. During these periods, while the child was sneezing, only scant secretion of mucus appeared, but at the end of the paroxysm copious and thick mucus was discharged. These attacks would sometimes terminate in vomiting. During the paroxysms the usual congestive symptoms were noticed, as redness of the face, turgescent vessels of the neck and temples, conjunctivæ injected, and cyanosis of the lips.—Archives of Pediatrics.

Brooklyn Gynæcological Society.—The officers of the Brooklyn Gynæcological Society elected for the year 1901 are as follow: President, Joel W. Hyde; first vice-president, William Maddren; second vice-president, Frank Baldwin; recording secretary, F. J. Shoop; corresponding secretary, O. A. Gordon; treasurer, L. G. Langstaff; pathologist, H. P. de Forest.

The Southern Surgical and Gynæcological Association.—At the recent annual meeting of this association the following officers were elected: President, Dr. Manning Simmons, of Charleston, S. C.; first vice-president, Dr. George H. Noble, of Atlanta; second vice-president, Dr. L. C. Bosher, of Richmond, Va.; secretary, Dr. W. O. Haggard, of Nashville, Tenn.; treasurer, Dr. Floyd W. McRae, of Atlanta; general council, Dr. George J. Engelmann, of Boston; Dr. Ernest S. Lewis, of New Orleans; Dr. George B. Johnston, of Richmond; Dr. L. McLane Tiffany, of Baltimore; and Dr. Louis S. McMurtry, of Louisville.

The Remote Prognosis of Sero-fibrinous Pleurisy.—Salanoué-Ipin has endeavored to ascertain by means of statistics some information concerning the important question of prognosis in pleurisy. It has been stated that all cases of pleurisy are tuberculous unless proved to be otherwise, and consequently pleurisy *a frigore* does not, in the opinion of some, exist. The investigations of Kelsch Vaillard and others appear to support the conclusion that the vast majority, if not all, of the cases of pleurisy not appearing in the course of some definite dis-

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ease result from an invasion of the pleura by tubercle. Dieulafoy, Netter, Débove, and Achard, on the other hand, believe that there are many cases of a simple primary pleurisy which are non-tuberculous. The importance of Salanoué-Ipin's observations is that they have been collected under the same circumstances, namely: sailors in the French navy. All cases manifestly tuberculous were eliminated, as well as pyæmic or other forms of pleurisy having a definite history. The writer collected 352 cases of primary sero-fibrinous pleurisy. Thirty-two died during the course of the attack, and, of the remaining 320, 131 died after leaving hospital. Of these, 84 showed definite tuberculous affection; in 19 the cause of death was unknown; in 13 it was independent of tubercle, and 15 lost their lives at sea. Thus, the enormous proportion of tubercle is striking, and very probably the 19 cases of which the cause of death could not be ascertained included other cases of tubercle. As a rule, tubercle seems to appear very shortly after the outbreak of pleurisy, while if several years have passed it becomes much less common. Another interesting point emphasized by the writer is the high proportion of cases of tubercle among those leading a sea-going life. The idea that such persons are likely to escape tubercle is fallacious. They are exposed to considerable changes of temperature, and for many hours at a time are shut up in close, confined spaces.—British Medical Journal.

Dr. William S. Hoy.—Dr. William S. Hoy, formerly of West Virginia, but now of Wellston, Ohio, the ex-Vice-President of the International Association of Railroad Surgeons, has been elected President of the Ohio State Boards of Education.

Typhoid Cystitis.—It seems that purulent inflammation of the bladder is to be included among the occasional sequelæ of typhoid fever. Hans Curschmann reports three cases that came on during either defervescence or convalescence and lasted from six weeks to four months, the cystitis pursuing a mild course and the urine remaining acid. The bacillus of typhoid fever was found in the urine and continued to be recognizable after the inflammation had fully subsided.—New York Medical Journal.

Dr. John E. Weeks.—Dr. John E. Weeks, of the University of Michigan, has been appointed Professor of Ophthalmology in the Medical School of New York University in succession to the late Dr. Henry D. Noyes.

The Indian Lancet.—The above journal, in response to the wishes of its subscribers, is now issued as a weekly periodical. It has always been an excellent and progressive journal, and we have no doubt will achieve as distinguished success in the future as it has in the past.

New York Academy of Medicine.—The following officers were elected: President, Dr. Robert F. Weir; vice-president, Dr. Charles L. Dana; recording secretary, Dr. John H. Huddleston; trustee, Dr. Alexander A. Smith; corresponding secretary, Dr. Louis F. Bishop; member of the committee on admissions, Dr. John V. D. Young; member of the committee on library, Dr. Charles L. Gibson.

Professor H. Fehling.—Prof. H. Fehling, of Halle, has accepted a call to the chair of gynæcology at Strassburg as the successor of Professor Freund.

North-central Illinois Medical Association.—At the annual meeting of this association, the following officers were elected for the ensuing year: President, Dr. F. O. Robinson, of Wyault; first vice-president, Dr. John Ross, of Pontiac; second vice-president, Dr. Jane Reed Keefer, of Sterling; and secretary and treasurer, Dr. George Discus, of Streator.

Symptoms of Latent Syphilis. — C. Strochmberg writes that, three or four weeks after the primary manifestation, the glands may swell and for a long time remain the only appreciable lesion. Indications of fever, circumscribed reddish spots

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and erosions on the mucous lining of the mouth and lips, especially at the corners, and on the genitals, herald the arrival of pronounced symptoms of syphilitic infection. A catarrhal cold in the head is also a frequent premonitory symptom. Much harm results from contagion during this period if the physician waits for unmistakable symptoms before starting treatment. General lymphadenitis is the cardinal symptom of the latent stage, and the occasional accompanying anæmia. Leucoderma of the back and sides of the neck is a positive sign of the condylomatous period. It is found ten times more frequently in women than in men. Neisser has noted it in 45 per cent. of his female patients in the condylomatous stage and the writer in 74 per cent. In men buccal leucoplasia, psoriasis of the tongue, with pachydermia of the mucosa of the ear, are more frequent. These manifestations can be considered "independent latent symptoms," as also the falling of the hair and indistinct ring, horseshoe, or arch-shaped erythemata. Slight wounds and scratches heal with extreme slowness, and leave pigmented scars. A consecutive phenomenon is the predisposition to tuberculosis, rachitis, scorbutus, and carcinoma. Among the subjective symptoms of the latent stage are fatigue, cephalalgia, insomnia, psychical depression, neuralgia, rheumatoid pains in the muscles and joints, loss or increase of appetite, palpitations, and disturbances in sight or hearing. Among the rarer manifestations of latent syphilis are affections of the nails; swollen lymphatics leading from the primary lesion; brownish spots after roseola; slight swelling of certain joints, periosteum, tendon-sheaths, and bursæ, and also of the muscles; with enlargement of liver or spleen, bronchial or intestinal catarrh, icterus, stricture of the rectum, albuminuria or diabetes, premature arteriosclerosis, and endocarditis. Central or peripheral disturbances in the central nervous system have also been observed during the condylomatous stage; also disturbances in speech, memory, or mind; and hemiplegia; neuritis, especially in the domain of the trigeminus and optic nerves; and circumscribed paralysis of the facial, oculomotor nerves, etc. Iritis, cyclitis, choroiditis, and retinitis have also been noted and catarrh of the middle or internal ear. The cases of syphilis precox warn against concluding that persons with gummatous manifestations are necessarily non-infectious. Hæmorrhages from lungs or stomach are extremely rare at an early stage.—Journal of the American Medical Association.

Optic Neuritis in Chlorosis Simulating Cerebral Tumor. — A. Englehardt reports the case of a young woman with pronounced symptoms of cerebral tumor who was under observation for a year. At the autopsy the discovery was made that, except for the unusual anæmia and dryness, the brain was normal. The optic nerves were very much degenerated, and, on recalling all the symptoms, the conclusion was evident that the case was one of chlorosis and secondary neuritis. The chlorosis had been vaguely suspected in life, but had been so overshaded by the assumed brain-tumor, that treatment had been deemed superfluous. The patient probably died of direct inanition, as she had refused all food during the last few weeks, and, owing to the completely erroneous diagnosis, no attempt had been made to feed her artificially.—St. Louis Courier of Medicine.

The Saturday-Evening Post.—Every issue of this excellent periodical contains features of timely value. In its pages the reader obtains condensed views on all the most important topics of the day. The writers who contribute to this journal are foremost for their knowledge of their special subjects. Many are far from being literary in their daily avocations, but write of practical matters with which their callings have made them familiar. This is knowledge at first hand. In recent numbers we find papers by Henry Clews, ex-Secretary of State John

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W. Foster, Clement A. Griscom, Russell Sage, and other practical men of affairs. Pure literature, however, is by no means neglected. The Saturday-Evening Post fills a place peculiarly its own, and is deservedly a general favorite. A series of articles by ex-President Cleveland is now appearing in the journal.

Reunion of Medico-Chirurgical College Alumni.—A New Year's reunion of graduates of the Medico-Chirurgical College was held on the evening of January 3d. The occasion brought together many who had studied together and who fondly recalled the events of former days. The gathering was entirely social and informal, and was thoroughly enjoyed by all present.

The International Monthly.—Now, more than ever before, the general reader and those whose time is largely occupied by professional and business pursuits, desire to know what is being accomplished in circles outside of their daily work, and to have the more significant advances in the greater departments of knowledge given in an attractive and simple manner by those nearest their subject and entitled to speak. As a means to this end, the International Monthly has the editorial direction of eminent scholars and men of affairs in America and Europe. This method of organization is a guarantee of the value and timeliness of the essays printed, and assures the reader that he is in close touch with the progressive work of the day.

The journal is arranged in departments, each of which has its own editorial direction. The contributors to its pages are authorities in their various fields of research, and handle their subjects in an adequate and popular manner.

The January issue is one of unusual interest. Emil Reich, of London, writes on "England at the Close of the Nineteenth Century." He gives a comparative and most interesting study of the true *status* of Britain's interests, military and diplomatic. Bernard Bosanquet, of London, writes on "The English People: Notes on National Characteristics," the first of a most interesting series of papers on the national characteristics of the greater nations. Professor Geikie, of Edinburgh, the great geologist, describes "Mountain Structure and its Origin." Dr. F. H. Williams, of Boston, writes on "The X-rays in Medicine." Herbert Putnam, Librarian of Congress, on "The Public Library in the United States."

Technique of X-ray Work.—In a paper upon the above subject, read at the meeting of the Roentgen Society of America, Dr. Kassabian dwelt upon the importance of a thorough knowledge of photographic processes, after which he discussed the relative values of the two methods in vogue of examining a case with the x-rays, viz.: the fluoroscopic and the sciagraphic. He confined himself strictly to a statement of such results as had come under his own personal observation and experience. A fluoroscopic examination affords a ready means of comparison with the normal corresponding part, and offers superior facilities for studying from different directions the heart, joints, and respiratory movements, whereas in these cases, and always, where moving organs are concerned, the sciagraph gives a blurred effect. But the sciagraph has a decided advantage in examinations of the pelvis, kidney, and deeper tissues generally; in locating foreign bodies in the bony part; in marking incipient changes in the bony part, as callus, exudation, floating cartilage in the joints, and impacted fractures.

A few practical hints were then given in regard to the degree of vacuum required, the position of the patient; the posture and distance of the focus-tube, and the time of exposure.

Attention was next called to the photochemical action of light. The exact relationship existing between white light and the so-called x-rays has not yet been determined. The chemistry of the "developing" process was then treated in detail.

The totality of the combined experience

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and knowledge determines and establishes the x-ray worker's position as "specialist," since neither the experienced photographer nor the skilled surgeon or physician can perceive, except in rare occasions, what he sees in the plate.

The paper closes with a reference to the improvements in appliances and processes, which have extended so widely, of late years, the area of usefulness of photography, both in art and science; and, since sciagraphy may justly be termed the "crown and glory of photographic" effort, it offers the greatest inducements to x-ray workers to put forth all their energies to the development of its resources for the benefit, not of science merely, but of suffering humanity.

Philadelphia Hospital Training-school for Nurses.—The Commencement Exercises of the above school took place on the afternoon of January 7th, and were full of interest to all present. A class of thirteen young ladies was graduated. Those obtaining their diplomas were: Maude V. Leonard, Rachel I. Hodges, Elizabeth T. Reed, Florence Fraunfelter, Susie Jessie Baker, Mary Hanora Bouldin, Fannie A. Dougherty, Anna Louise Stanley, Margaret Pollinger, Jean Ferguson McNair, Charlotte Louisa Gladwin, Eva Catherine Davison, and Carrie Heer. After a march from the orchestra and a prayer by Rev. W. S. Heaton, the opening remarks were made by the President of the Board of Charities and Correction, Dr. John V. Shoemaker, the Editor of THE MEDICAL BULLETIN. The speaker alluded to the responsibility and nobility of the work to which they had dedicated themselves, the excellent opportunities for training which they had possessed in this large hospital, and gave them cordial good wishes for future life. A noteworthy feature of the occasion was an address by Mrs. J. R. Hawley, once connected with the institution. An address was also made by His Honor, the Mayor of Philadelphia, Samuel H. Ashbridge, who spoke in his accustomed happy vein concerning the work of the trained nurse. The graduate obtaining the highest general average in examinations, and thus earning the school medal, was Miss Susie Jessie Baker.

A large audience was assembled to witness the exercises and testify to their interest in the school.

Berks County (Pa.) Medical Society.—The annual banquet of this flourishing society was held at Reading on January 8th. A number of invited guests from Philadelphia were privileged to be present, and enjoyed the hospitality for which our sister county is noted. Dr. S. L. Kurtz acted as toastmaster, and the responses were as follow: "The American Surgeon," by Dr. Edward Martin, of the University of Pennsylvania; "Our Society: Its Past, Present, and Future," by Dr. W. Murray Weidman, of Reading; "A Dry Subject," by Dr. W. S. Forbes, of Jefferson Medical College; "A Flash of Wit," by Dr. James W. Keiser; "The Tendency of the Times," by Dr. C. W. Bachman; "The Medical Man in the Army," by Dr. John V. Shoemaker, of the Medico-Chirurgical College. Remarks were also made by the retiring president, Dr. F. W. Frankhauser.

The following officers were elected for the ensuing year: Dr. S. S. Hill, president; Dr. James W. Keiser, recording secretary; S. Banks Taylor, corresponding secretary; and Dr. A. S. Raudenbush, treasurer.

Gude's Pepto-mangan.—This preparation has been known and esteemed for years. One of the penalties of success is to be copied and perhaps misrepresented. Competition in manufacturing pharmacy, as in any other field of enterprise, should be fair and above-board. None can complain justly of this style of competition which, as we are often told, is "the life of trade." We have heard, however, of a method which is reprehensible. The warehouse of M. J. Breitenbach Company, of New York, was unfortunately destroyed in the great fire. Just such a time was selected, when their place of business was a smoking ruin, by an imitator of

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Gude's pepto-mangan, to send out circulars intended as a blow to that preparation. At such a time business rivalry should call a halt. Oblique methods are not calculated to promote the prosperity of any business house.

Alumni Association of the Medico-Chirurgical College.—At the annual meeting of the alumni of the medical department the following officers were elected: President, Dr. John Welsh Croskey; secretary, Dr. Stillwell C. Burns; treasurer, Dr. E. S. Gans; executive committee, Dr. W. Easterly Ashton, Dr. A. E. Blackburn, Dr. L. Napoleon Boston, Dr. A. C. Buckley, Dr. Philip C. Cleaver, Dr. M. P. Dickeson, Dr. L. Webster Fox, Dr. Charles H. Gubbins, Dr. Howard Kinne, Dr. Ernest Laplace, Dr. D. W. Levy, Dr. John A. McGlinn, Dr. John A. McKenna, Dr. A. C. Morgan, Dr. R. D. Newton, Dr. G. E. Pfahler, Dr. G. W. Pfromm, Dr. Alexander Ramsay, Dr. J. B. Roxby, Dr. J. V. C. Roberts, Dr. H. J. Smith, Dr. J. V. Shoemaker, Dr. M. P. Warmuth, and Dr. John H. Egan.

State Asylum for the Chronic Insane of Pennsylvania.—The seventh annual report of this institution, located at Wernersville, Berks County, contains some instructive matter relative to the employment of the chronic insane, a project which has been more thoroughly carried out in this asylum than in any other of which we have knowledge. The labor is voluntarily performed by the inmates. It has been found that 6 per cent. of the patients can perform work equal to paid labor, 30 per cent. equal to one-half of paid labor, and 50 per cent. equal to one-fourth of paid labor. The facts are interesting and suggestive.

Pan-American Exposition.—As the time for opening the Pan-American Exposition at Buffalo is fast approaching, we are glad to be officially informed that the labor of preparing the grounds, buildings, and apparatus has gone forward almost without interruption. Many thousands of visitors from all parts of the world have, during the last few months, visited the grounds and have spread a knowledge of the Exposition into remote corners. The press in every State and country of the Western world has shown a lively interest in the Exposition, and there is every reason to expect a very large attendance. The beauty and striking novelty of the Exposition as a whole have excited the interest of the people of every State, and the great proportions of the enterprise surprise everyone who visits the grounds for the first time.

This Exposition will surpass all former enterprises in six important features: (1) in elaborate and beautiful electric-lighting effects, using over 200,000 lamps; (2) in the splendor of its hydraulic and fountain effects, a stately canal over a mile long encircling the buildings and all courts having water features of unparalleled beauty; (3) in exquisite horticultural and floral embellishments, a wall of foliage surrounding the Exposition, rare plants and brilliant flowers adorning the grounds; (4) in original statuary and plastic ornamentation—more than 125 large groups of American sculpture; (5) in the richness of its color decorations, all buildings to be tinted in beautiful and harmonious shades; (6) in the magnificence of its court-settings, the court-area being much larger than at any former exposition, producing vistas of exceptional grandeur.

Purposes.—To celebrate achievements of the western hemisphere during 100 years; to promote trade among Pan-American countries; to present a great object-lesson showing progress of the western world to date. All the leading Pan-American countries will participate.

Site.—Three hundred and fifty acres in northern part of Buffalo; 20 minutes' ride from centre of city; electric railways on three sides; 26 steam railways have access to Exposition station.

Architectural Features. — Twenty large buildings, a free adaptation of the Spanish *renaissance*, by way of compliment to Latin-

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America. Albright Gallery of Art, costing over $350,000, and New York State Building, costing $150,000, of white marble, fireproof, in the style of ancient Greek temples.

Government Participation. — Exhibits by all departments, including a life-saving station with daily exhibitions; post-office in daily use, light-house in operation, naval and ordnance displays, fish in aquariums, weather-signal station in operation, displays by the mint; special exhibits from the Hawaiian and Philippine Islands, Tutulia, Guam, Porto Rico, and Cuba.

Book Reviews.

Stringtown on the Pike. A Story of Northernmost Kentucky. By John Uri Lloyd, Author of "Etidorhpa," etc. With Illustrations. New York: Dodd, Mead, and Company, 1900.

This is a strong book. As a story, it is full of interest. It is graphic as a picture of life in a small country-town and surrounding district during and immediately after the Civil War. The incidents are dramatic and the movement is an orderly evolution of character and events. The chief interest of the tale centres in a few well-drawn characters. A motherless child, brought up by an affectionate and loyal negro, the sagacious, but superstitious, Cupe; the boy who grows up to become a professor of chemistry; an uncouth and churlish mountaineer who is a rival for the affection of the heroine are the principal personages. The feud between the rivals is bitter from the first, a natural antipathy existing between the two lads. The girl is ignorant of her origin, although her father is a respected resident of the neighborhood in which she dwelt. The old negro, however, is aware of her parentage, and in one powerful chapter is described his judgment and execution by means of the ordeal bean of the father, who withholds from the girl her birthright of an honest name. The astuteness of the negro in interpreting the various "signs" which foretell future events and his faithful devotion to the girl and her cause are admirably depicted. His sufferings in the cause are borne with exemplary fortitude. Several tragic events occur during the course of the story, and these are all narrated with a fidelity to Nature which increases our esteem for the writer and the book. The climax is reached in the arrest of the mountaineer, "Red Head," on a charge of murder, and the engagement by the State's counsel of his old-time rival, Professor Drew, as chemical-expert witness. The prisoner is released from the danger of a shameful death by meeting a violent one, but which in the code of the mountains is accounted honorable. He is shot in the court-room by an hereditary enemy.

The characters seem to grow and unfold themselves as in real life. The atmosphere of locality is extremely-well represented, the negro dialect is faithfully reproduced, and the work must certainly be regarded as one of the most remarkable representations of rural life in a border State. The author is the well-known chemist, Professor Lloyd, of Cincinnati, who has given us a notable example of a successful combination of science and letters.

Diseases of the Nervous System.—A Textbook for Students and Practitioners of Medicine. By H. Oppenheim, M.D., Professor of the University of Berlin. Authorized Translation by Edward E. Mayer, A.M., M.D., Pittsburgh, Pa. First American from the Second Revised and Enlarged German Edition. With 293 Illustrations. Philadelphia and London: J. B. Lippincott Company, 1900.

It is both a pleasure and a profit to consult this book, while to recommend it is a duty. Its arrangement is clear and logical, its execution is most excellent. The volume is adapted to be of decided practical service to practitioners at the bedside or in the con-

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sulting-room. It possesses that direct and practical style which commends it for daily use by the physician. While the physiology and pathology of the nervous system are by no means neglected, they are introduced in such a manner as to throw light upon the diseases of that essential part of the human organism and made subservient to the needs of the clinician. Great stress is laid upon the symptomatology of nervous disorders. The manifestations of disease are described with sufficient fullness, and these, taken in connection with the physical signs, lead in the most natural way to the subject of diagnosis. This difficult branch of the department of neurology is considered in an exceedingly-satisfactory manner, and the student cannot fail to be deeply impressed by the suggestive paragraphs which relate to this most important art. The formation of a diagnosis furnishes us with our most valuable clues for treatment. Upon this last head, also, the work is a reliable guide. Our author has not conceived of his task as a simple exposition of the varied ills and disturbances to which the nervous system is liable, but advances to the question of what can be done for the relief of those afflicted with nervous disorders. For the practicing physician this is the question of questions.

The chapters upon the neuroses are excellently written. Throughout the work the reader cannot avoid being struck with the conservative and judicious tone of the author and the rational supports upon which all his statements and opinions are founded.

The illustrations and typography are of the first order.

A Clinical Treatise on Fractures. By William Barton Hopkins, M.D., Surgeon to the Pennsylvania Hospital and to the Orthopædic Hospital and Infirmary for Nervous Diseases. Philadelphia: J. B. Lippincott Company, 1900.

Out of an abundant experience Dr. Hopkins has prepared an excellent volume. It is instructive, furnishing us with all the signs by which fractures are accompanied. The simplicity and condensation of the text and its arrangement are points in the execution of the work which will tell in its favor with that necessarily large class of readers who absolutely have not time for the study of elaborate treatises overburdened with too much detail. The work is based upon clinical lectures delivered in the amphitheatre of the Pennsylvania Hospital: an institution which affords such an affluence of material in this branch of surgery.

These lectures, amplified, modified, or pruned in order to present the subject-matter in logical sequence and proper literary style, embrace all the varieties of broken bone with which the surgeon or general practitioner has to deal. Obsolete traditions and methods, as well as statistics, have been wisely omitted from a book which is designed as a practical guide. In the discussion of treatment the author duly notes the most approved methods, while at the same time he points out those which his individual experience has rendered preferable. In this respect the book is the transcript of the author's "reasoned knowledge."

Experimental Research into the Surgery of the Respiratory System. An Essay Awarded the Nicholas-Senn Prize by the American Medical Association for 1898. By George W. Crile, A.M., M.D., Ph.D., Professor of Clinical Surgery in the Medical Department of the Western-Reserve University, etc. Second Edition. Philadelphia: J. B. Lippincott Company, 1900.

In this work the author succinctly describes the steps and the results of operations undertaken for the purpose of throwing light upon the production of certain phenomena observed in clinical surgery. Experimental evidence is often the only means by which we can arrive at an explanation of what we observe in the practice of medicine and surgery. The effects of the inhalation of flame, of manipulation of the brachial plexus and nerves supplying

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the organs of respiration, on death from blows on the chest, on the mechanism of drowning, on foreign bodies in the respiratory passages, and on the cause of certain phenomena attending considerable traction upon the tongue are some of the questions which Dr. Crile subjected to the arbitrament of experimental research and which are discussed in this work, which possesses, therefore, a value to the practicing surgeon as affording a rational basis for his clinical observations.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc.; Assisted by H. R. M. Landis, M.D., Assistant Physician to the Out-patient Medical Department of the Jefferson-Medical-College Hospital. Volume IV. December, 1900. Diseases of Digestive Tract and Allied Organs, the Liver, Pancreas, and Peritoneum—Genito-Urinary Diseases and Syphilis—Fractures, Dislocations, Amputations, Surgery of the Extremities, and Orthopædics—Diseases of the Kidneys—Physiology—Hygiene—Practical Therapeutic Referendum. Lea Brothers & Co., Philadelphia and New York, 1900.

This is an extremely-serviceable publication. In its successive volumes the reader receives a skillful selection from international literature concerning the topics to which each volume is devoted. The scope of the present issue is indicated by the title-page. Those in charge of the different departments are widely known by reason of their labors and prominence. In this number, for instance, the diseases of the digestive tract are reviewed by Dr. Max Einhorn, of New York, who has done so much to enlarge the scope of our knowledge in this field. Progress in the department of genito-urinary diseases and syphilis is detailed by Dr. William T. Belfield, of Chicago, who is an author of repute in all that pertains to these affections. The subject of hygiene has been intrusted to Dr. Henry B. Baker, of Lansing, the efficient and esteemed Secretary of the Michigan State Board of Health. "Advances in Physiology" are depicted by Dr. Albert P. Brubaker, who has been connected with the physiological department of Jefferson Medical College for many years. The surgical topics of this volume are reviewed by Dr. Joseph C. Bloodgood, of the Johns Hopkins University. Matters relative to new drugs are from the pen of Dr. E. Q. Thornton, of Jefferson Medical College. In all these branches of our profession a digest has been prepared which can be relied upon with confidence.

A Compend of Diseases of the Skin. By Jay F. Schamberg, A.B., M.D., Professor of Diseases of the Skin in the Philadelphia Polyclinic and College for Graduates of Medicine, etc. Second Edition, Revised and Enlarged. With 105 Illustrations. Philadelphia: P. Blakiston's Son & Co., 1900. Quiz Compends, No. 16. Price, 80 cents.

Dr. Schamberg, in this volume, has acquitted himself creditably of the task of describing within the limit assigned the salient features of the many disorders to which the integument is subject. By means of intelligent condensation he has succeeded in conveying much information in a form which may be of use to the undergraduate in rehearsing the principal characteristics of this class of diseases. The well-executed engravings are of decided assistance.

Disinfection and Disinfectants. A Treatise upon the Best-Known Disinfectants, their Use in the Destruction of Disease-germs, with Special Instruction for their Application in the Commonly-Recognized Infectious and Contagious Diseases. By H. M. Bracken, M.D., Professor of Materia Medica and Therapeutics in the Univer-

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sity of Minnesota, etc. Published by the Trade Periodical Company, Chicago. Ill.

In this little book, intended for the use of physicians and others concerned in the disinfection of apartments, garments, corpses, etc., the author gives in brief form directions for the use of the various agents which are efficient in the destruction of disease-germs. This is without doubt an exceedingly-important subject, having relation to the prevention of disease. Scientific prophylaxis is the basis of that remarkable improvement in sanitary precautions which recent years have witnessed. The compact work before us is, therefore, adapted to perform an exceedingly serviceable purpose.

Sanity of Mind. A Study of its Conditions and of the Means to its Development and Preservation. By David F. Lincoln, M.D. G. P. Putnam's Sons: New York and London, 1900.

This work, of moderate size, deals in a broad and suggestive spirit with the subject of education: one which is of perennial importance to each generation. Innovations are not always and necessarily improvements. Some of the changes introduced into our educational schemes are too theoretical to be successful. Above all, those engaged professionally in the work of tuition are apt to forget the importance of physical recreation and to put the intellect on a strain that promises little for the attainment of a healthy mind in a healthy body. Dr. Lincoln discusses with much wisdom fundamental principles which apply to the education of youth and the development of their faculties in a rational manner, with the view of strengthening character as well as imparting knowledge. He points out tendencies which are likely to be harmful, and indicates the lines along which true progress may be made. The book is well worthy of perusal.

Comparative Physiology of the Brain and Comparative Psychology. By Jacques Loeb, M.D., Professor of Physiology in the University of Chicago. Illustrated. New York: G. P. Putnam's Sons. London: John Murray, 1900.

This is a very interesting book. It is an excellent illustration of the close affiliation of all the branches of biological science. Without physiology there can be no scientific medicine, but physiology applies not only to human beings or even animal bodies, but also to all varieties of living structures. It is only by the study of physiology on this broad scale, the comparison of the phenomena of life as manifested by the lower as well as the higher organisms, that we can advance in our conceptions of the properties and attributes of living matter.

In this work the author very clearly states the conclusions to which he has been led by an extended experimental study of many animals and classes of animals in reference to such weighty subjects as instinct and memory. It is of particular significance to physicians as throwing light upon processes which lie at the foundation of much of our intellectual as well as physical life. Such studies are productive of results that may serve to explain some of the obscurer problems of mental operations in health or disease.

An American Text-book of Physiology. By Henry P. Bowditch, M.D.; John G. Curtis, M.D.; Henry H. Donaldson, Ph.D.; W. H. Howell, Ph.D., M.D.; Frederic S. Lee, Ph.D.; Warren P. Lombard, M.D.; Graham Lusk, Ph.D., F.R.S. (Edin.); W. T. Porter, M.D.; Edward T. Reichert, M.D.; Henry Sewall, Ph.D., M.D. Edited by William H. Howell, Ph.D., M.D., Professor of Physiology in the Johns Hopkins University, Baltimore, Md. Second Edition, Revised. Volume II. Muscle and Nerve; Central Nervous System; the Special Senses; Special Muscular Mechanisms; Reproduction. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, $3.00 net; Sheep or Half-morocco, $3.75 net.

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The second volume of this valuable work has speedily followed the first, which was reviewed in these pages. The present volume deals with some of the most abstruse topics within the domain of physiology. Those to whom has been intrusted the preparation of these sections have successfully endeavored to present an exact picture of the state of knowledge to-day upon the subjects indicated. The advance of physiology is closely bound up with the progress made in physics, chemistry, histology, experimental work, and also with improvements in the various mechanical appliances employed in biological research. The workers in this broad field are consequently obliged to be ever on the alert, since fresh discoveries often require considerable modification of conclusions previously prevalent. This circumstance, which is shared in common, to a certain extent, at least, by all branches of science, and more particularly by those concerned in the study of life, necessitates a periodical revision of existing text-books and justifies the publication of new treatises. The one now before us is the production of the most eminent physiologists of this country, and is of unsurpassed excellence. The contributors to Volume II are Warren P. Lombard, of the University of Michigan, who writes of the "General Physiology of Muscle and Nerve"; Henry H. Donaldson, of the University of Chicago, whose theme is the "Central Nervous System"; Henry P. Bowditch, of the Harvard Medical School, who discusses the "Special Senses"; and Frederic S. Lee, of Columbia University, who expounds the matter of "Reproduction." All these writers have presented the actual condition of their respective subjects in a style which cannot fail to be appreciated by the reader. In short, those who desire to acquaint themselves of the *status* of physiology as affected by the most recent discoveries may realize their wish by the study of these volumes.

CURRENT MEDICAL LITERATURE.

Aseptic Minor Gynecology, with Demonstrations. By Augustin H. Goelet, M.D.

Public Health Reports. Washington, D. C., November 30, 1900. Volume XV, Nos. 48 and 49.

Treatment of Nasopharyngeal Adenoids. By Louis J. Lautenbach, A.M., M.D., Ph.D.

Mothers' and Babies' Hospital and Dispensary. Annual Report, Eighteenth Year. 1900.

A Clinical and Pathological Study of the Rash of Scarlet Fever. By Jay F. Schamberg, A.B., M.D., Philadelphia.

Immunity in Tuberculosis; How Shall We Induce It? By Dr. H. B. Weaver, Asheville, N. C.

Carcinoma of the Esophagus. By Augustus A. Eshner, M.D., Philadelphia.

Substitute Infant-feeding. Henry Dwight Chapin, M.D., New York City.

The Dose of Potassium Iodide, with Reference to its Untoward Effects upon the Upper Respiratory Tract. By Lewis S. Somers, M.D., of Philadelphia.

A Few Thoughts Indicating a Causative Connection Between the Uric-Acid Diathesis and Astigmatism Against the Rule. By Louis J. Lautenbach, A.M., M.D., Ph.D., of Philadelphia.

Injuries of the Eyelids and Eyeballs. By L. Webster Fox, A.M., M.D.

Roentgen Rays in the Treatment of Skin Diseases and for the Removal of Hair. By William Allen Pusey, A.M., M.D.

Formalin Disinfection of Baggage Without Apparatus. M. J. Rosenau.

Gastroptosis: Report of a Case in which a New Operation was Undertaken and the Patient Greatly Improved. By Alfred Stengel, M.D., and Henry D. Beyea, M.D., of Philadelphia.

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COMMERCIAL NEWS.

ANOTHER USE FOR BROMIDIA: CATARRH.

By W. H. Morse, M.D., F.S.S.,
American Member of the Bureau of Materia Medica,
WESTFIELD, N. J.

I always feel somewhat reluctant about making public any original discoveries touching the adaptation of well-known remedies. There is something decidedly charlatanic about it, and it seems to be almost a reflection on the fathers, whose knowledge we inherit as well as esteem. It is a pleasure to exploit a new remedy and to do so in the happiest manner possible. But, when it comes to narration of undreamed qualities in the standard remedies of the pharmacopœia, one hesitates, and yet medical science is nothing unless it is illuminated by discovery, and we stand in our own light and cast shadows upon the new materia medica if we fail to annotate the margins of the pharmacopœias.

I do not know that anyone has ever claimed, and much less made dependence upon, the bromides as remedial of the broncho-pulmonary catarrhs. If it has been noticed, the appropriated idea has failed of general publication. Quite the contrary, it might be shown, with very little difficulty, that the ordinary bromides and their combinations are injurious rather than remedial. But bromidia is appointed to be exceptional in the physiological action as well as the activity, and such an instance is here presented. It would not be easy to contrive an explanation of any reason for faith in the ordinary bromides of the shops for catarrhal conditions; and, indeed, it would involve an explanation that would provoke skepticism rather than faith. The initial case was one that came quite by chance. The patient had been a chronic sufferer for many years, and had dosed herself with all of the "catarrh remedies" that she could find advertised or which had been "strongly recommended" by the purely disinterested. Quite as a matter of course, in this line, she came to employ "catarrh-snuffs," and while indulging in the use of one of these pulverized duckbillies she filled her eyes with it. The result was, of necessity, a severe ophthalmia, which was accompanied by a disagreeable nervous irritability. This threatened to develop into a functional neurosis, as when a young girl she had suffered from chorea. Consequently, when she came under treatment for the ophthalmic disorder, bromidia was prescribed for the nervous trouble, and, of course, with the greatest advantage. The results were as well pleasing as any that I have ever obtained, and I could fill a volume with cases where bromidia has been employed with satisfactory success; but, much to my patient's surprise, and (to some degree) to my own, as soon as the "twitching" of the eyes of which she had loudly complained had ceased, the catarrhal symptoms began to abate, and shortly disappeared altogether. It was scarcely more than thirty days when she came in with the announcement that the catarrh was "all cured." Naturally she made inquiry as to whether the curative result had been accomplished by "the bromides." At first it was apparently a strange question, but it sufficed for a contention for a neurotic element in the broncho-pulmonary disorder, and I neither made nor expressed a doubt. The long and short of the story was that she was cured, entirely cured.

Several weeks after she had been pronounced fully cured, she came with a newspaper in her hand, and called my attention to an article therein. It read as follows:—

"If the public knew the ingredients of most of the so-called 'catarrh cures,' said a druggist the other day, there would be a loud demand for legislation to prohibit their sale. Many of these preparations have a large percentage of cocaine; others are made of scarcely less injurious ingredients. Scarcely any is a 'cure,' though all of them afford temporary relief.

(Continued on Advertising Page 18.)

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Dr. - - - , Pennsylvania.

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used in the manufacture of Eskay's Food adapt it to all classes of patients as a diet, and results are uniformly favorable.

Patients Do Not Tire of Its Taste After Continued Use

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"It would be surprising if it could be ascertained how many persons had acquired the cocaine habit through the use of supposed remedies for catarrh. We have inquiries every day for a certain preparation which we know contains cocaine in considerable quantities. We always say that we are just out of it. Some of the other 'cures' are almost as bad, for, as soon as the first effect has passed away, they leave the user in worse condition than before. Either the manufacturers of these compounds should be compelled to go out of business or, at the least, to print their formulæ on each package."

To this she had joined some information concerning "bromism," and her mind was intent on inquiry as to whether she might not have acquired the habit. When I had disabused her mind of this idea, and assured her that "bromism" was remote among the possibilities from the use of bromidia, "Well," she curtly remarked, speaking with a woman's positiveness, "then you can't do better than emphasize this warning from the Advertiser and let it be generally known that in bromidia there is a specific for catarrh." To this I cannot say less than an emphatic "Amen."

I esteem and value bromidia for broncho-pulmonary catarrhs, and it is a pleasure to multiply corroborative proofs, both my own and those of others. That which can be said condemnatory of "catarrh cures" is as worthy of emphasis as any fact in medical science, and quite as emphatic is the danger from "bromism" from the indiscriminate use of the commercial bromides. The cocaine habit induced by the use of the "catarrh cures" is to be dreaded, but far more dreadful would be the "bromism" which the employment of the commercial bromides would produce were they to be employed for catarrh as I suggest that bromidia should be. It is not difficult, and it is very pleasing, to understand the valuation of this remedy wherever employed, and in no case is it less so than in that of "catarrh." It has been pointed out with sufficient frequency that the respiratory neuroses are greatly relieved by it. Laryngismus stridulus may be used as a leading illustration. The prompt use of full doses suspended it, and the recurrence and the tendency to recurrence of the attacks is obviated by steady and continued doses. So of spasmodic asthma. Very great and marked relief is afforded, and the best results obtained. Then, again, cough which is reflex can usually be cured by a "neurotic." Such facts go to magnify the neurotic element in catarrhal conditions, and such an element undoubtedly deserves prominence. Although the disorder, or, more properly, the disorders, consist of an inflammation affecting a mucous surface, leading to the secretion of mucus and the production of muco-pus in greater or less abundance, we must consider the affection among the symmetrical disorders, and place emphasis on the neurotic elements. Occasionally a gargle of sodium chloride will diminish the cough of pulmonary tuberculosis, and in facilitating laryngoscopy (as well as rhinoscopy) the sensibility of the fauces is diminished by a few large doses. These are facts that go to appoint the value of the exhibition of the remedy, and there are others that tend to the same purpose. I have had none but the best results with the remedy in these conditions, and if it is allowable to appoint specifics, I should move the candidacy of bromidia for the catarrh of the broncho-pulmonary tract.

ADVANTAGES OF THE SPRAY IN PSEUDOMEMBRANES OF THE PHARYNX.

By D. C. Brown, M.D.,
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On the exposed surface of the pseudomembrane in diphtheria the diphtheria bacilli mass in abundance, reproducing themselves and generating toxins; while, penetrating the membrane to its middle layers, the mixed or single form of pyogenic cocci

(Continued on Advertising Page 20.)

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Subdues Inflammation of Mucous Surfaces of Urinary Passages. Indicated in Cystitis and Urethritis, Acute or Chronic. Impedes Development of Gonococci.

The chemic union of Maizenic Acid—*from Green Corn Silk*—with Lithium, resulting in MAIZENATE LITHIUM. 2 grs. to drachm.
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A Potent Stimulant to the Glandular System. Promptly Reconstructive in Local or General Disturbances of Hard or Soft Tissue.

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"The formula of HENRY'S TRI-IODIDES commends itself to the profession." A. M. OWEN, M.D.

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Resolvent, Regenerant, Antiarthritic, Antirheumatic, Antisyphilitic. Excites Normal Lymphatic Energy, Hastens Waste Elimination, Encourages Resolution, Energizes Iodides and Salicylates.

Colchicine, 1-20 gr.; Decandria, 1-10 gr.; Solanin, 1-3 gr.; Sodium Salicylate, 10 grs.; Iodic Acid (equal to 7-32 gr. of Iodine), in 2 fluidrachms of Aromatic Cordial.

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The field of utility of Heroin comprises all diseases of the respiratory tract attended with cough and dyspnea. It is particularly valuable in the treatment of pulmonary and laryngeal tuberculosis, bronchitis, laryngitis, pneumonia, broncho-pneumonia, emphysema, asthma, hay fever, and whooping-cough.

The established value of Terpin Hydrate as an expectorant and alterative in the same class of diseases in which Heroin has been employed, especially chronic bronchitis, asthma, and emphysema, has induced us to offer the eligible combination of these drugs above indicated.

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are found, or may even enter the organized tissues themselves. Drawn up to oppose the entrance of these foreign forces the organism has thrown out, from its side of the membrane, an army of phagocytes, with their "forlorn hope" of alexins, who engage the foe in "mortal combat" until the battle is lost or won. Experience has proved, however, that these forces of nature are inadequate to protect the organism from invasion and are only partially able to subdue the enemy after he has gained a foothold, especially while he is thus drawing from a rich base of supplies and recruits. They (the phagocytes), on the other hand, have advanced farther and farther from their base of supplies and at length have penetrated the enemy's lines so far that his toxic influence is too great for them, and they succumb.

It is, therefore, with the spray, better than any other means, that we may attack the enemy in the rear, destroy his supplies, and prevent the recruits from joining the line of battle. Irrigation fails to give the penetrating power necessary to get to the middle layer of the pseudomembrane. It and gargles are good for cleansing, but I fail to see the reason for the oblivion to which modern teaching has consigned the spray. I admit that harm may be done with it, and that the child fights against it; but the same objection hold good against irrigation, and the young cannot gargle. I avoid spraying the uvula unless covered with a pseudomembrane, and, in fact, avoid any healthy membrane with the direct force of the spray, for I aim to get force enough to see the tissues splay out with the spray.

Personally, I have two favorite solutions which I rely upon to be used as sprays in accordance with the individual case. The first is hydrozone, and I direct that the nurse put 2 teaspoonfuls with 3 to 8 teaspoonfuls of water and use at first every half-hour or hour. I use this especially in all denser membranes, that the hydrozone may break up and disinfect the middle layers of the pseudomembrane. It makes a way for other antiseptics which may be subsequently used.

The second spray is a solution of formaldehyde, directed to be used as follows:—

℞ Sol. formaldehyde (1/4 per cent.), ℥i-ij.
Kal. chlor., ʒij.
Acid. boric., ʒj.
Glycerin., ℥ss.
Aq., ad ℥iv.

M. Sig.: Use in spray after hydrozone.

This I make the stand-by, and vary the strength according to the conditions, and continue with it when the pseudomembrane has become so thin that I do not care to continue with the hydrozone. Remembering the middle layers of the pseudomembrane and the depths of the crypts, I shoot hard and quick, and resort to the spray early, and very often do not have to use the antitoxin.—Abstract from the New England Medical Monthly, January, 1900.

SACCHAROMYCES CEREVISIÆ IN FURUNCULOSIS.

By Ph. Chapelle, M.D.,
Ancien Interne des Hôpitaux de Paris.

Yeast (*Saccharomyces cerevisiæ*) has long been recognized of therapeutic value in the treatment of furunculosis and certain skin diseases. The principal obstacle in the way of this treatment's becoming universal has been the difficulty experienced in obtaining the yeast fresh and in preserving it free from secondary changes, which take place with great rapidity and render its distribution almost impossible; indeed, in hot weather these changes take place from one day to the other.

In order to place at the disposal of patients an accurately-dosed medicament, not liable to undergo change, a pure, desiccated yeast, which occupies but a small volume, and is possessed of the same therapeutic activity as the best fresh yeast, is the best form of administering it.

(Continued on Advertising Page 22.)

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ANTIZYMA Ensures normal temperature in 12 to 48 hours.

ANTIZYMA Is an absolutely safe tonic cardiac stimulant.

ANTIZYMA Is indicated in all fevers, and works wonders in "La Grippe" and malarial conditions.

ANTIZYMA May be obtained in one grain tablets or powder form.

Samples and Literature, with formula, sent to Physicians upon application.

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so nicely when the disordered stomach demands the courtesy of appropriate treatment, if malnutrition and nervous exhaustion are to be overcome.

Try

GRAY'S GLYCERINE TONIC COMP.

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This is obtainable as cerevisine in the granulated form, which facilitates its administration and is more reliable than fresh yeast in its effect.

The activity of cerevisine has been established by numerous clinical observations, and, from a chemical point of view, it has been ascertained that in presence of sugary liquids it gives rise to alcoholic fermentation, with the gradual production of carbonic-acid gas. These observations show clearly that the desiccation of yeast in no-wise impairs its properties. Moreover it never gives rise, like fresh yeast, to a sensation of heaviness on the stomach or acid regurgitations; so that it may safely be given to dyspeptics.

Cerevisine disintegrates rapidly in water, and succeeds admirably in the treatment of furuncles and boils, which promptly subside and disappear under its influence. In cases of acne, urticaria, psoriasis, herpes, and eczema its exhibition has also been followed by excellent results, this effect being associated with a corresponding improvement in the general health.

The dose of cerevisine is from 2 to 3 teaspoonfuls daily before meals. This should be rubbed down with a little water or beer sweetened with sugar.

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The large and increasing number of deaths, especially among our prominent men, due primarily to the prevailing epidemic of grippe, and the serious illness of President McKinley from the same cause, impresses us with the advisability of calling the attention of our many readers to the really excellent remedial qualities of the different products of the Antikamnia Chemical Company in the treatment of this scourge and its many insidious allied diseases. For the purpose of reference, we append a list of their various preparations, viz.: antikamnia tablets; antikamnia and codeine tablets; antikamnia and quinine tablets; antikamnia and salol tablets; antikamnia, quinine, and salol tablets; antikamnia, powdered; laxative antikamnia tablets; and laxative antikamnia and quinine tablets. The last mentioned is a new and without doubt a most desirable combination in the above complaints, and also in all malarial and congested conditions.

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In acute illnesses, such as typhoid fever, pneumonia, etc., the use of a diet which is not only nourishing, but of which the patient will not tire, is of prime importance. Whey, milk, junket, broths, etc., all have their place and are good for temporary use, but Eskay's albumenized food, when properly prepared, is relished throughout the course of the disease. It is also the most valuable of nutrients.

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William Geddes, M.D., 1720 Fourteenth Street, Washington, D. C., says: "Aletris cordial has proved, in a case of dysmenorrhœa of some years' standing, wonderfully efficacious, and has, apparently, given to the sufferer complete relief. This being the first case in which I have had occasion to try the aletris cordial; and sufficient time having elapsed for me to speak of the permanence of the cure, I can say that I propose to continue the use of aletris cordial in all such cases, and wherever a uterine tonic is indicated.

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Floersheim, of New York, reports several cases of diseases of the lower air-passages greatly benefited by internal administration of the suprarenal substance. The diseases treated were acute and chronic bronchitis, bronchiectasis, bronchial asthma, œdema and congestion of the lungs, hæmoptysis, and pulmonary tuberculosis. The remedy

(Continued on Advertising Page 24.)

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Solid soluble extract of meat, containing all the albumenoids. A perfect nutrient, palatable and efficient.

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Natural Mineral Water bottled under the supervision of the FRENCH GOVERNMENT which guarantee genuineness and purity.

Alkaline Water giving for many centuries the best results when alkaline treatment is indicated.

Drink from the **natural spring**, says Sir Henry Thomson, F.R.C.S., London.

Promote more active endosmose, neutralize and wash out of the system all incompletely burnt bodies. To give the name of Vichy water to a mere solution of bicarbonate of soda is as great an abuse of language as to give the name of wine to a mixture of cream of tartar, alcohol, and mineral salts which wine furnishes when analyzed.

CAUTION.—So-called VICHY in Bulk or Siphon is not VICHY.

VICHY IS NEVER IMPORTED OTHERWISE THAN IN BOTTLES.

General Agency, 220 Broadway, New York.

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was given in doses ranging from 5 to 10 grains in capsules at frequent intervals until relief was afforded.

The suprarenal, internally or locally, will relieve coryza, rhinitis, and acute bronchitis quickly; in fact, inflammation in any part of the body is greatly benefited by the ingestion of the suprarenal powder in suitable doses; and, where it is possible to get at the seat of the trouble with a local application, relief is to be had immediately.

The most favorable reports made by physicians have been of cases where the pure suprarenal substance manufactured by Armour & Company was employed.

The Air of the Sick-room.

A towel or sheet, moistened with Platt's chlorides, should be shaken at intervals about the room and hung over the back of a chair during the intervals of shaking.

In winter this will keep the air of the room fresh and odorless without chilling the patient by the too-frequent opening of the windows.

The Predatory Mosquito.

Every physician who "keeps tab" on the advances and discoveries of medical science is now aware that there are two kinds of mosquitoes: the good and the bad. We presume, however, that some one will dispute this statement, and say of this insect as the average army officer says of the Indian: "There's no good mosquito but a dead mosquito." It's true that they all sting, but some of them add insult to injury by injecting the malarial virus into her unsuspecting victim. We say her, because we believe the male mosquito is a better-behaved insect than his spouse and does not "present his little bill" at inconvenient times.

These few remarks are but prefatory to the announcement that the Palisade Manufacturing Company has prepared and is now mailing to physicians an illustrated folder, showing in sepia the distinctive differences between *Culex* (the non-malarial) and *Anopheles* (the malarial) mosquito, with instructions as to how to detect the good insect from the bad. A copy will be mailed to any physician who has not as yet received one.

Use of Hot Grogs.

Dr. Cyrus Edson, of the New York Health Department, and Dr. Libermann, Surgeon-General of the French Army, advise special use of hot grogs as adjuvant in treatment of grip.

H. Libermann, M.D., Surgeon-General of the French Army, in an article on "La Grippe" (influenza), recommends the following hot grog: "One-third goblet of vin Mariani, with two-thirds boiling water, add cloves and cinnamon, and with or without sugar, making a grog of exquisite flavor, which produces immediate beneficial effect in severe cases of cold, attended by convulsive coughing and depression, the principal symptoms of grip. It is best taken at bed-time. In the grip epidemics in France vin Mariani was the tonic absolutely relied upon, and has received frequent deserved mention in the medical press. It has been shown that patients recover very slowly, there is much general weakness and lassitude, invariably calling for something in the nature of a mild tonic stimulant, and it has been found that Mariani wine is unequaled for such cases."

Dr. Cyrus Edson, of the New York Health Department, has made a careful study of the subject in his book on "La Grippe," published by Appleton & Co. On page 39 he writes of vin Mariani, and calls special attention to it in the form of a hot grog. In speaking of the complete prostration accompanied by the depression caused by this disease, and also during entire convalescence, his preference for a tonic stimulant is a hot grog of vin Mariani. He says it is excellent for the purpose intended, and recommends its use freely.

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THE

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Clinical Lecture.

URTICARIA.[1]

BY JOHN V. SHOEMAKER, M.D., LL.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

GENTLEMEN: The woman now before you, 27 years of age, complains of an eruption to which she has been subject for the last four months. The rash is not constantly present, but comes and goes. At times her skin will be perfectly free. On other occasions, as to-day, for instance, and as you can perceive, the disease manifests itself upon various parts of the body. It is accompanied by intense itching and tingling, and, in fact, this was the first manifestation which called her attention to the integument in the original attack. The lesions now occupy a great portion of the surface. They consist of white, raised spots, varying considerably in size, but all evidently of the same character. Examine the appearance carefully, gentlemen, and impress its features firmly upon your mind, for this is one of those primary lesions of the skin, and I have often insisted in your presence upon the importance of acquiring a familiarity with the aspect and nature of these formations. They are important clues to diagnosis. In this instance they are absolutely typical. These are known as wheals, pomphi, or urticæ, the first being the name commonly in use. As I have stated and as you see, wheals are raised above the general level, and they are usually of a whitish color, sometimes tinged with pink. They are distinguished by the rapidity with which they develop or subside. The elevation, or swelling, is due to the sudden escape of serum from capillary blood-vessels into the upper layer of the skin. The pallor is produced by spasmodic contraction of the muscular fibres of the integument whereby the blood contained in the vessels is expressed from the part. This, in short, is the pathology of a wheal, and wheals are characteristic of the disease called urticaria. So completely distinctive is this lesion that the diagnosis seldom presents any difficulty. The structure of the lesion, its sudden appearance and disappearance, and the distressing tingling, burning, and itching sensations which it produces will generally lead the observer to a correct conclusion as to the nature of the affection. Some of the rarer forms of erythema, as multiforme and nodosum, may, in certain of their phases, bear a resemblance to urticaria, but their eruptions are more permanent. There is also exceptionally in urticaria a formation of bullæ as well as of wheals, sometimes coincidently, sometimes by the transformation of one into the other lesion, and this condition might raise the question of pemphigus, but wheals never occur in the last affection.

[1] Delivered in the amphitheatre of the Medico-Chirurgical Hospital.

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I have spoken of the abrupt beginning of urticaria. Suddenly, like a flash,—if I may so express myself,—with smarting, tingling, burning, and itching, wheals appear upon the surface, and the disease is fully manifest. Abruptly, again, signs and symptoms depart, and the patient is transported from misery into content. This statement is perfectly correct, as far as it goes, and in many cases this short and sharp attack makes up the entire history. A similar experience may not recur for years, perhaps never. The distress which attends these acute attacks is almost intolerable. There is another peculiarity about wheals which I have not, as yet, mentioned. The lesions are brought out and the sensations are aggravated by friction, as by the rubbing of the clothing, for example. I have seen this manifestation so violent that the patients would wildly strip off all coverings and endure their sufferings as well as they could *in puris naturalibus*. Our patient of to-day tells me that any friction upon the body brings out new spots. Nevertheless, there is a class of cases of which this patient's is an illustration. They are called chronic, inasmuch as attacks recur at short intervals for a long period of time. This woman has been troubled for four months, which is a long time under the circumstances. I have known individuals, however, to be thus afflicted for years.

The lesions differ much as regards size. Some may be no larger than a pea; I have, on the contrary, seen them as big as hickory-nuts or walnuts.

The immediate cause of urticaria is disturbance of the peripheral vasomotor system. Any agent or influence which has this effect is capable of producing the disease of which I speak. Some of the causes are external, others arise within the system. The stinging nettle has given name to the disease. Contact with some other plants as well as with insects, jelly-fish, etc., will often induce an attack in susceptible persons. The electric current may excite the disease, and, in brief, whatever irritates the terminal nerve-fibrils may be a cause. Some, especially hysterical women, are so prone that merely drawing a line upon the skin with a blunt-pointed instrument will be followed by a crop of wheals. This fact is curiously illustrated in autographism, or dermographism: that is, the standing out upon the skins of letters of the alphabet in response to the irritation of a pencil drawn across the surface.

Correspondingly, there is a host of internal causes. The commonest agency from within the body is defective digestion. There are groups of foods which are notoriously productive of urticaria. Shell-fish is inimical to many people, others cannot eat berries, fruits, or condiments without experiencing the distressing manifestations. Any irritation of the gastro-intestinal mucous membrane may be followed by an attack, in precise analogy to what occurs when the cause is external. Furthermore, the relationship between skin and mucous membrane,—the outside skin and the inside skin, as one of our teachers was accustomed to call them,—is exemplified by another fact. Urticaria is by no means confined to the skin. Cases are, from time to time, reported in which mucous membrane was involved. It may occur in the mouth, pharynx, or larynx. The tongue may be enormously swollen or the tonsils may be excessively enlarged. Such cases are attended by much difficulty in respiration. I have a vivid recollection of one case of the kind to which I was called. It was during the night, and the swift development of the outbreak, together with the impediment to the breath, had inevitably excited much alarm.

On account of the immaturity of their digestive power and the susceptibility of their nervous systems children are particularly liable to attacks of urticaria. Even in the absence of obnoxious foods, if these little ones, as is often the case, devour too much, and afterward, perhaps, exert themselves actively at play, thus impeding the digestive process, they may be instantly

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stricken with severe and even alarming symptoms. There may be some fever, with a rapid pulse, and sometimes convulsions occur. The true nature of the malady is occasionally obscured by the simultaneous development of a rash which resembles scarlatina. Therefore I caution you to be on your guard and do not mistake the character of the attack. Scrutinize the eruption with observant eyes, and strive to appreciate its distinctive traits and the primary lesions which may be present.

The patient now before us is far from being in the best condition of health. Her tongue is coated, fissured, and covered with fur. In other words, it is the tongue of a confirmed dyspeptic. She is troubled with abdominal pain and much flatulence. She informs me that she eats largely of oatmeal, and this aliment, indeed, is a not infrequent cause both of indigestion and urticaria. In patients who consume much of this food it is by no means uncommon to find particles of it passed with the fæces, showing that it had not been thoroughly elaborated in the alimentary tract. In this contingency it excites or prolongs indigestion, and may provoke diarrhœa. This woman, in fact, has marked gastro-intestinal catarrh.

In beginning the treatment of a case of urticaria it is incumbent upon the practitioner to make use of every effort and means to identify the underlying cause. If, as in such a large percentage of cases, there is disturbance of the functions of stomach, bowels, or the accessory organs of digestion, we must arrange our plans in order, as far as possible, to counteract the deleterious influence. In many acute cases the best and speediest method is to administer at once an emetic dose of ipecacuanha, mustard and water, or salt and water. If the undigested food has passed from the stomach into the intestine, an active purgative is needed. Castor-oil, calomel, or a saline will produce relief by unloading the bowel. In the more persistent and chronic class of cases, of which that present is a good example, it is requisite to adopt hygienic measures, regulate the diet and other habits of life, and these observances are of more importance than a mere reliance on medicines. I have seen an inveterate case which was resistant to all remedies spontaneously cured by the abandonment of excessive cigarette-smoking.

When we are unable to incriminate any particular article of food as the exciting cause we are obliged to act on general principles in strengthening the functional capacity of the digestive organs. We must ascertain whether there is an increased or a decreased gastric acidity, and then employ acids or alkalies in accordance with the conditions which exist. In some cases much benefit is derived from a sedative to the mucous membrane, as, for instance, cerium oxalate. Bismuth is also effective under such circumstances. In chronic cases attended by laborious digestion a combination of pepsin, strychnine, and a small dose of ipecacuanha is often productive of a favorable result. In obstinate cases which have proved refractory to other measures it is proper to try the effect of arsenic, although, as a matter of fact, I usually perceive more gratifying and permanent results by employing the other plans which I have outlined. There are cases in which a certain intermittency or periodicity is observed, and these are improved by quinine.

If there is a rheumatic or gouty dyscrasia, we may have recourse to those agents which have the power of modifying those states of the system. Colchicum, lithium, sulphur, or a salicylate may be given with advantage.

External treatment is of considerable avail in relieving the itching and tingling, which are such prominent and distressing features of the disease. The clothing should be loose in order to avoid that source of friction. Alkaline baths or lotions are generally grateful. Frequent spongings of the surface with solutions containing chloral, menthol, carbolic acid, or benzoic acid afford relief. You must be careful not to

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make these solutions too strong. Ointments made with menthol, cocaine, naphthol, or belladonna are sometimes preferable to the fluid applications. This is particularly true of chronic cases.

In prescribing for this patient I shall, first of all, direct her to abandon the use of oatmeal, tea, and coffee. Fried ham, which she has likewise been in the habit of eating, must also be prohibited. For breakfast she may have a soft-boiled or a poached egg, with dry bread, and hot milk or hot water as a beverage. At dinner she may have some roast or boiled beef or mutton, some well-cooked vegetables, especially baked or boiled potatoes. She may also eat stewed onions and tomatoes. The evening meal should be light. A mutton-chop may be permitted in addition to stale bread and hot milk. She may vary her breakfast or dinner sometimes with a piece of tender beefsteak. She will do better to avoid all desserts.

You will find, if you concern yourselves to study the digestive capacities of such patients, inquire into their habits as regards food, and endeavor to construct suitable dietaries for them, that they will heartily second your efforts, as a general rule. They are, above all, anxious to recover. They are very willing to believe that the nature of their food has much to do with producing and maintaining the morbid condition from which they suffer so much, and if your lists are judiciously chosen and an improvement is manifested, they will persevere in any course of regimen which you order.

In addition to the other symptoms which I have mentioned I find that the patient is extremely constipated. Her bowels act, and then not freely, only every third day. This deplorable torpidity must be remedied. Every night she shall take a pill made up of 1 grain each of massa hydrargyri, pulvis jalapæ, and extractum colocynthidis compositus, together with $^1/_{20}$ minim of oleum menthæ piperitæ, to counterbalance any griping effect. Thrice daily she shall have 10 minims of dilute hydrochloric acid with some pepsin and glycerin. Externally she shall make use of an ointment containing 15 grains of camphor, chloral-hydrate, and of carbolic acid, each, to 1 ounce of ointment of zinc oxide.

Original Communications.

THE USE OF "NORMAL SALT SOLUTION" IN TYPHOID FEVER.

By George W. Pfromm, M.D.,
Assistant Professor of Therapeutics in the Medico-Chirurgical College, Philadelphia.

During the past year, while attending a case of typhoid fever with severe nerve disturbance, the good results obtained with the use of the normal salt solution led the writer to a closer observation in a number of cases with this method.

In the early stage of typhoid fever the urine is diminished in quantity to one-half or one-fourth the normal amount; this continues until the approach of convalescence, when the activity of the kidneys returns to that of health. This early diminution in urinary secretion allows the retention of toxins in the system, though the toxicity of the urine is decidedly increased in the diminished secretion.

The experiments of Roque and Weill show that, in typhoid fever treated by cold baths, the elimination of the toxic products is enormous during this treatment; this hypertoxicity diminishes as the general symptoms decline and temperature falls; so that with the establishment of convalescence the elimination of the toxins is ended. The cold bath is, therefore, an eliminative treatment, but has no specific action, as it does not in any way prevent the formation of toxins. As a result of the surcharging of the blood with these toxins, and the attempt of the kidneys to eliminate the same, albumin is, at times, found, which disappears, as a rule, when diuresis occurs and with the re-

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establishment of the integrity of the renal filter.

It is an indisputable fact that the derangements of the nervous system are due to a toxæmia; prolonged high temperature may also be a factor, but is not an essential one, as cases are, at times, observed in which the nervous symptoms are intensified to a high degree, out of all proportion to the height of the temperature.

As the avenues of elimination of these toxins are the skin, bowels, and kidneys, the Brand treatment, cold pack, and cold sponging are of inestimable value, as they act upon the skin, producing free diaphoresis, stimulate the action of the heart and circulation, and lessen the severity of the nervous symptoms. The elimination by the bowels is obtained by securing free and thorough evacuations daily, and, according to Woodbridge, by the administration of purgatives until five or six free evacuations are obtained.

In private practice, unless a skilled nurse be in attendance, the advantages of hydrotherapy are not so prominent as in hospitals, for the good results are obtained only when systematically administered, yet it should be resorted to even if the technique is not what we wish it to be; but, as the kidneys are influenced quite early in the course of the disease, with consequent early retention of the toxins in the system, it appears to the writer that attention directed to these eliminative organs may influence the action of these retained toxins upon other portions of the body. In a series of 10 cases observed the past few months I have resorted to the use of the normal salt solution, in 9 cases by rectal injections, 1 pint daily; in 1 case, on account of an irritable rectum, it was used subcutaneously. It was noticed that in all of the patients there was augmentation of the secretion of urine within twelve hours; stimulation of the circulatory apparatus, the heart becoming stronger; and the pulse increased in volume, due to an increase in the fluid of the blood; and in three patients where the treatment was resorted to late in the affection there was decided sedation of the nervous phenomena.

On account of the increase in the fluid of the blood, the toxins circulating in this medium must naturally be diluted; there is more rapid oxidation of these principles, and the refuse material is rendered soluble and productive of a lessened irritation to the kidneys. There was also a hypertoxicity of the urine even to five or six times the normal, as well as great increase in the urea.

While the use of plain water would also have an action similar to the method used, yet it would be much less pronounced, the normal salt solution having the advantages (*a*) that it corresponds in composition approximately to that of serum; (*b*) that it is diuretic; (*c*) that it acts upon the intestinal tract, slightly increasing peristalsis.

The best results were obtained when treatment was began early in the course of the disease, the rule followed being that, as soon as the urine became diminished, an injection (1 pint by rectum) was given; this was repeated every day until the quantity voided in twenty-four hours was normal. If, at any period subsequent to the discontinuance of the injections, the quantity of urine again fell below normal, the treatment was again commenced and continued as before; as previously mentioned, in 1 case the administration was by subcutaneous injections, on account of a decided irritability of the lower bowel (this was 1 of 3 in which treatment was begun late in the course). In 7 cases who came early under observation and in whom the above method was used, there was absence of delirium or other nerve symptoms in 5, in 1 slight delirium with carphologia lasting twenty-four hours, and in another thirty-six hours.

In the remaining 3 cases of my series the patients were seen late, and the disease was of a very severe type; in 1 the delirium had been present for seven days, and in the remaining 2, each, four days. In all 3 the urine was greatly diminished in quantity,

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averaging, according to the history obtained, less than ten ounces daily. Twenty-four hours after the injection was administered the urine increased and an improvement in the nervous system was noted. A total disappearance of the latter symptoms was noted in all 3 patients between the second and third day after the institution of this treatment. I append herewith my notes of the urine in the first of these cases (delirium seven days), the same to date from the fifteenth day of the disease:—

Fifteenth day: Amount passed in 24 hours, 9 ounces. Examination, sp. gr., 1.024; reaction, acid; albumin, present; sugar, negative; urea, increased.

Sixteenth day: 10 A.M., injection of 1 pint of normal salt solution into the rectum.

Seventeenth day: 10 A.M., amount passed in 24 hours, 14 $^1/_2$ ounces. Injection of salt solution.

Eighteenth day: 10 A.M., amount in 24 hours, 24 ounces. Examination, sp. gr., 1.021; reaction, acid; albumin, a trace; sugar, negative. Injection of salt solution.

Nineteenth day: 10 A.M., amount in 24 hours, 31 ounces. Injection of salt solution.

Twentieth day: 10 A.M., amount in 24 hours, 34 ounces. Examination, sp. gr., 1.016; reaction, feebly acid; albumin, a trace; sugar, negative. Injection of salt solution.

Twenty-first day: 10 A.M., amount in 24 hours, 40 ounces. Injection of salt solution.

Twenty-second day: 10 A.M., amount in 24 hours, 49 ounces. Examination, sp. gr., 1.014; reaction, alkaline; albumin, negative; sugar, negative.

The injections were now discontinued, but the urine was measured daily for eight days, the average amount being between 38 and 44 ounces, as the nervous symptoms had disappeared, the mind clear, and the kidney secretion normal in quantity.

While ten cases is an insufficient number upon which to base any positive conclusion of the value of this treatment, yet, in those cases which were seen and treated early in the course of the attack, the prominent symptoms and complications being either of a mild character or entirely wanting are evidences of some worth and consideration; it should be stated, however, that the patients received the regular dietetic and antiseptic treatment so well known to the profession.

In conclusion, I append a brief summary of the points that were noted:—

(*a*) The treatment should be commenced as soon as the urine diminishes in quantity.

(*b*) The early diuresis tends to early elimination of the toxins, inhibiting, to a certain extent, their accumulation.

(*c*) Examination of the urine, especially as to the reaction, should be made daily, as it may become highly alkaline, and cause an acute inflammation of the genito-urinary tract.

(*d*) Stimulation of the cardiovascular system.

(*e*) Diminished tendency to complications, especially of the nervous system, due to dilution of the blood and lessened virulence of the toxins.

HEROIN.[1]

By W. Blair Stewart, M.D., A.M.,
Atlantic City, N. J.

Heroin, a recently-devised preparation, is now entitled to its place as a sedative. It is rather unfortunate that it is controlled by patent and copyright; but, notwithstanding this, its beneficial therapeutic effects place it on the list to stay.

The nearest chemical definition given us is: "Heroin is a diacetic-acid ester of morphine, made by substituting acetic ester for two atoms of hydroxyl in the latter." It is a crystalline white powder having a bitter taste, and is insoluble in water. It is readily converted into salts by acids, all of which are freely soluble in water or acidulated media.

[1] President's address to Atlantic City Academy of Medicine, January 11, 1901.

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The two most common salts are the hydrochloride and acetate. All alkalies and alkaline mixtures will precipitate heroin from solution. This must be remembered in prescribing. It is claimed that, if heroin is given during or immediately after a meal, the free hydrochloric acid in the stomach will cause it to be the more readily converted and assimilated. It is entirely compatible with the coal-tar products, quinine, terpin hydrate, and potassium iodide.

When first introduced it was given in doses of $^1/_8$ to $^1/_{10}$ grain, but clinical experience has shown these doses to be too large, and it is now placed at from $^1/_{12}$ to $^1/_{24}$ grain for adults and $^1/_{250}$ to $^1/_{50}$ grain for children under five years of age. When given in full doses of $^1/_6$ grain every two hours, as was done in one of my earlier cases, there was decided dizziness; nausea; drowsiness, but no sleep; delirium; feeling of general depression and weakness; a cool clammy skin; a full, slow pulse; and deep, slow respiration. In fact, I suspected poisonous effects, and began restorative measures, with stimulation and friction, and soon saw reaction. Beyond great lassitude for several days and slight nausea, no other symptoms were noted, except that the severe cough for which it was given had disappeared. Heroin was discarded from my list for a time, but has been recently lauded so much that it was given a trial again. My doses given were three and four times as small as at first: $^1/_{24}$ to $^1/_{12}$ grain. It was first tried in tablets of the hydrochloride—$^1/_{12}$ grain every two hours—in a case of lobar pneumonia where bromide of ammonium had failed to give sedation. The relief from dyspnœa was so marked after four doses that my patient would not do without them; in fact, could not be comfortable if she missed for more than three hours at one time. It not only relieved dyspnœa, but reduced the full, bounding pulse; slowed respiration and stimulated it; and reduced the pain. Crisis came one day ahead of time, and when it did come heroin had done its work, and the patient needed its action no longer. Should I use it again, it will be given hypodermically, as it will give quicker effects. Of course, this is but one case, but it encourages me to try it further before jumping to conclusions.

My next trial has been in a series of bronchial and laryngeal colds complicated by dry coughs. It was given in a mixture of wine of antimony, liquor ammonii acetatis, and syrup of lemon, in doses of $^1/_{24}$ grain every two hours. The results obtained varied, but were largely beneficial. In 80 per cent. of the cases relief was obtained in from four to twenty-four hours. In three cases it produced unpleasant dizziness, slight nausea, and in one case a band feeling around the head, relieved by its discontinuance. This series of cases shows me that, while good results may be obtained in combination, it is far wiser to use heroin uncombined and as indicated. In the mixture cited above it is often desirable to continue the antimony and liquor ammonii acetatis, but not the heroin. When cough comes under reasonable control it is well to use your tablet every four to six hours as indicated. If more than $^1/_2$ grain is given in twenty-four hours unpleasant symptoms are almost sure to follow.

My results with heroin in several cases of neuralgia and one case of muscular rheumatism have been negative. In this series no other drug was used but heroin by the mouth, and it was pushed to its physiological effects. Whether it would act hypodermically is a question not tried by me. In two cases of whooping-cough in a five-year-old girl and a two-year-old boy it has diminished the number of paroxysms, but has not seemed to materially affect the duration of the disease. As long as it is given it has done good, but when discontinued the paroxysms are as severe as ever. One patient with chronic bronchial asthma had been dosed with almost all remedies, and could find no relief except from morphine. A combination of potassium iodide, gr. iij;

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heroin, gr. $^1/_{12}$; and liquor ammonii acetatis, f3j, given every two hours gave relief in six hours. The same mixture with lobelia instead of heroin had failed.

In irritative throats, chronic bronchitis, and laryngitis good results can be obtained from a lozenge made of heroin, gr. $^1/_{50}$; licorice, gr. j; white sugar, gr. iv; pulv. acaciæ, gr. ss. One every one to three hours.

Physiological investigations have not been followed long enough to speak with certainty, but present knowledge would indicate that heroin slows respiration and makes it stronger and deeper; steadies heart-action and strengthens it; is sedative and slightly anodyne; has a constipating tendency; is not cumulative; does not tend to produce habit; is not an hypnotic; tends to lessen night-sweats; and is antispasmodic to a considerable degree. It is very unwise to place this drug in the hands of your patients, for their indiscriminate use as it will likely be abused, and may lead to toxic symptoms.

NEURASTHENIA AND INSOMNIA.

By William Hooker Vail, M.D.,

St. Louis, Mo.

This debility of the nervous system which produces insomnia and an inability or decreased desire to perform the different duties of the individual has been known to have existed for centuries, but it has remained for the nineteenth century to develop its great power and increase the number of its victims, owing to the fast-living age and the constant desire to gain an ascendancy over our competitors, and this hurry-scurry existence affects the brain, the nervous system, and, ere we are aware, functional or organic nervous diseases are the sequels, the former of which includes those which present no anatomical alteration to the naked eye or to other means of examination at our command, while the latter, or organic affections of the nervous system, may be classified as are the diseases of other organs: by the nature of the structural changes, and include anæmia, congestion, inflammation, degenerative changes, and especially produce insomnia, which aggravates the other symptoms.

Neurasthenia is by no means an American disease, nor has it been nor is it now more common in this country than in any other. It has been stated that the reason for it was partly the peculiar climate we possess and partly the influence of an over-exhilarating condition of civilization, and, while these affirmations and speculations are very plausible and quite suggestive, further proof is requisite to reveal the genuineness of the statements. Indeed, the French nation is said to be the most neurotic one in existence; consequently an insomniac one, and judging from actual personal experience, having been thrown much in the company of Frenchmen, I am constrained to believe the declaration.

As to the antiquity of the disorder, we find that the Bard of Avon, when he fashioned Hamlet, placed an ingredient of melancholia in his composition which manifested itself quite prominently after his father's death, and caused him to do and say things which showed an extremely disordered condition of the nerves,—that is, at times. Let me illustrate, and then tell me, if you can, what displays more mental anguish, or demonstrates more neurasthenic suffering and agony than

"To be or not to be; that is the question:
Whether 'tis nobler in the mind to suffer
The slings and arrows of outrageous fortune,
Or to take arms against a sea of troubles,
And by opposing end them?"

And Cardinal Wolsey, fallen from his high estate, his ambition lost, crushed by the disgrace, is it to be wondered at that his nervous system should have received a shock from which it was not easy to recover? Hear how he bemoans his fate:—

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"Farewell! a long farewell to all my greatness!
This is the state of man: to-day he puts forth the tender leaves of hope;
To-morrow blossoms, and bears his blushing honors thick upon him.
The third day comes a frost, a killing frost,
And when he thinks, good, easy man, full surely,
His greatness is aripening, nips his root,
And then he falls, as I do.
And when he falls, he falls like Lucifer,
Never to hope again."

In studying these characters, and also others of this famous delineator of human character, I am certain that the frame of mind in which they are, be it whatever it may, the author portrays his own mental attitude at that time, and that is why he is so true to nature, for he puts himself in their place and thinks and feels as does the character he is depicting.

And Owen Meredith thus describes Sir Alfred as

"With head bowed, as though,
By the weight of the heart's resignation, and slow,
Moody footsteps, he turned to his inn."

A man, full of the vigor of manhood and filled with the elixir of life, thus wilted and unnerved from disappointment in love. I do not cite these cases as typical neurasthenic ones, but when undergoing the mental suffering made visible and comprehensible by their language, they represent true types of the neurasthenic, and at the time, their nervous system being so deranged, we would style their disorder neurasthenia.

The term, "nervousness," is very loosely employed to denote various states, but the one known as nervous exhaustion, nervous breakdown, and neurasthenia has occupied the attention of the medical profession, especially of late. This form assumes many phases, according to the portion of the nervous system which is involved and the causes at work. It must be borne in mind, however, that it is a separate disorder, and also one that exerts its influence in advancing other and organic diseases, the causes of which are excesses, overwork, worry, disease, while hysteria, epilepsy, certain forms of neuralgia, and insanity are included in the category of the more serious nerve troubles of the functional variety, and in nearly all heredity plays an important part.

Nervous debility is liable to affect any organ of the body, being a state of exhaustion; hence the nervous force and energy requisite to maintain functional activity of any organ may be lacking. One of the earliest symptoms of nervous exhaustion is an enervation or irritability of the mental powers, clearly shown by non-concentration of the thoughts, the effort to accomplish which producing cephalalgia, restlessness, vertigo, fear, a sensation of weariness and depression and numerous other exhibitions that attend nervous conditions, as cardiac palpitation, cold feet and hands, ocular derangements, chilly sensations succeeded by flashes of heat, and this latter soon followed by a slight sudorific tendency, nausea, diarrhœa, and unpleasant dreams. Insomnia is nearly always present, and forms one of the most prominent symptoms of neurasthenia, because its results are twofold: its indirect effects and the suffering it produces. In females there are ovarian irritation, painful menstruation, and an irritable uterus; in males genito-urinary disorders, accompanied with pains in the back, causing the afflicted individual to be in constant fear of impotency.

In its widest sense neurasthenia includes many symptoms generally designated by such names as nervous prostration, neurotic diathesis, and spinal irritation. People who are hysterical and hypochondriacal are always neurasthenic, but the reverse is not always true. It has been said, and true it is to some extent, that this disorder ought to be considered more as a disturbed condition of the health than as a distinct dis-

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ease which shows degenerate nerve ability; still we must remember that neurasthenic people always exhibit certain symptoms which are as essentially characteristic as are those of any other of the neuroses, for we must consider neurasthenia as one member of the titanic family of neuroses, and, as previously mentioned, it is inherited from parents who suffer from any one of this class of troubles.

As to treatment, first determine whether it is a true nervous exhaustion or a nervous debility that is the result of organic disease. This is determined by the symptoms and a study of the case. The first indication for treatment is to remove the cause of the condition, which is oftentimes an arduous task, owing to the fact that the true relation between the symptoms and their causes has not been ascertained nor determined upon. Attend to the secretions and diet; command rest and complete non-responsibility. Next secure perfect nutrition for the nervous system, which will enable it to work well, and have the patient placed in pleasant environments that are suited to his tastes. Many times this, also, is difficult. Let him exercise moderately, take short walks in the air and sunshine. As to diet, I recommend thoroughly-cooked oatmeal, soft-boiled eggs, eggnog, broths, and, in fact, anything that the patient likes and which agrees with him. The medicinal treatment of this condition is mainly useful in correcting the disorders of nutrition which are always associated with the nervous symptoms, and those that have proved beneficial and which have effected a cure, by reason of their improving the vigor of the nervous system, are strychnine, arsenic, iron, phosphoglycerate of lime (P. Chapoteaut), quinine in small doses,—say, from 1 to 3 grains daily for several weeks,—and ergot. The phosphoglycerate of lime is very valuable on account of its effect on nervous tissues, for it provides the organism with phosphorus as nearly natural as it occurs in the body; besides, it increases the proportion of solids in the urine and furnishes a forcible impetus to the nutritive function. It feeds the nerves, therefore produces natural sleep, and is the greatest eradicator of insomnia extant. Phosphoglycerate of lime may be given in powders, capsules, or wine, the latter being preferred where there is insomnia. A prominent authority has declared that, if one does not receive the proper quota of sleep, the vital energy is withered and dried up, and one wastes away as does a tree or shrub that has been bereft of the sap which affords it nourishment. This is too true, for sleep gathers together the vital forces, restores lost energy, causes all vital movements to stop for awhile in order that a rejuvenation of all secretions may be secured. If the nerves are not properly nourished, insomnia presents itself in all its dire phases, and transforms the once strong-nerved, healthy individual into a miserable wretch. Phosphoglycerate of lime is a true food for the nerve-cells, and thus, by furnishing nutritive substances to diseased nerves, strikes at the root of insomnia, and successfully eliminates it from the system. True it is, as the poet expresses it: "Sleep, balmy sleep, is tired Nature's sweet restorer."

Abstracts.

Intracranial Hæmorrhage from Traumatic Lesion of a Sinus.

Upon the above topic Dr. Bertelsmann made a communication to the Medical Society of Hamburg. The patient was a woman who was thrown from a carriage, striking the occiput against the angle of the sidewalk. She lost consciousness, but only for a moment, when she returned home. After several days, during which she had been occupied in her ordinary affairs, symptoms of cerebral inflammation ensued. There was coma, with inequality of the pupils, numerous epileptiform attacks, vomiting, bad pulse, etc. When admitted to the

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hospital she presented, in addition to the foregoing symptoms, such decided pulmonary œdema that the cerebral origin of the manifestations was not so apparent. Nevertheless, it was determined to trephine, which was done at the site of injury. Incision of the soft parts revealed the presence of a fissure near the sagittal suture. A fragment of bone was removed, and a notable amount of blood at once issued by the wound, and the pulse became better. Pressure exerted at the lower angle of the wound caused a profuse hæmorrhage, which seemed to come from the subjacent sinus. It was arrested by means of a gauze tampon. Coma disappeared after the operation. Epileptiform paroxysms still occurred, but improvement began on the third day, and was more pronounced upon succeeding days. The threatening symptoms did not entirely disappear until the twelfth day. On the twenty-first day, when the tampon was taken out, the patient had a fresh attack of coma and convulsions, together with temporary diplopia. At the date of report the patient was entirely recovered.—La Tribune Médicale.

Disorders of Speech and Motion Following Typhoid Fever.

At a meeting of the Medical Society of the Hospitals M. Siredey exhibited a patient who had recently had typhoid fever. The attack had been very severe from the beginning, and was characterized by a predominance of nervous symptoms. During convalescence new manifestations appeared. These were motor difficulties affecting principally the lower limbs. There was incoordination, especially marked on the left side. There was also disorder of speech similar to that of disseminated sclerosis. M. Siredey rejected the idea of peripheral neuritis, because the reflexes were exaggerated and there was no paralysis. He likewise dissented from the diagnosis of hysteria because there were no signs of that neurosis and Babinski's sign was plainly observed. Notwithstanding the absence of voluntary tremor of the upper limbs, the diagnosis of disseminated sclerosis was the most probable.—La Tribune Médicale.

Fatal Hydatid Intoxication.

At a meeting of the Society of the Hospitals M. Dufour reported the case of a patient who had fallen a victim to toxic manifestations six days after the puncture of an hydatid cyst. There was urticaria before and after the operation. The cyst was large, having invaded the pleural cavity, and macroscopically destroyed the diaphragm, but a few traces of which could be found under the microscope. The speaker thought that death was due to hydatid intoxication.—La Tribune Médicale.

Acute Idiopathic Œdema of the Eyelids.

At a meeting of the Medical Society of the Hospitals M. Galliard stated that he had witnessed three cases of acute idiopathic œdema of the eyelids, which were benign, but frequently relapsed. In these cases there was no inflammation of the conjunctiva, renal or cardiac disease. The œdema attained its height in a few hours, and was generally considerable. It disappeared in twenty-four or thirty-six hours. It seemed to stand in relation to a rheumatic constitution. The speaker believes that in such cases topical applications are harmful.—Le Progrès Médical.

Affections of the Larynx in Diabetes.

Dr. O. Leichtenstern draws attention to a special affection of the larynx and also sometimes of the pharynx, occurring at an early period of diabetes. He describes it under the name of laryngoxerosis, or dryness of the larynx. It is not, strictly speaking, a laryngitis, because the vocal cords are not reddened or swollen and there is no formation of crusts. In the four cases which he cites the patients complained principally of a slight hoarseness, fatigue in speaking, and

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dryness of the throat, coming on particularly after a more or less prolonged use of the voice. In two of the patients objective examination of the pharynx and larynx revealed nothing abnormal. The other two had dry pharyngitis, while in one case the vocal cords were equally dry. In other respects all the patients were in good health and complained of no other trouble, no polydipsia, no polyphagia, no polyuria. It was only by reason of his habit of examining the urine of all his patients that the writer discovered small amounts of sugar in the urine of these four patients. In all the cases the treatment appropriate to diabetes gave excellent results as regards the laryngeal and pharyngeal troubles.

The author insists upon the fact that in none of the cases was genuine diabetic thirst present. There was only the sense of dryness, especially after using the voice. This could not be attributed to abstraction of the water of the blood by the kidneys, the less so in that the diabetes was not far advanced. The author believes that these symptoms are due to diminished secretion of the muciparous glands of the pharynx, dependent upon a nervous cause. He supposes that the centre which presides over the functional action of these glands is situated in the floor of the fourth ventricle near to the centre of salivation.

Furunculosis of the larynx is another diabetic manifestation. He gives an interesting case of a woman, 50 years of age, of excellent health, and who, after having been hoarse for some days, rose in the morning completely speechless. During the same year she had had several cutaneous boils. There was diffuse inflammation of the entrance of the larynx, considerable hyperæmia and swelling, especially of the ventricular bands, which completely hid the vocal cords so that they could be seen neither on inspiration nor phonation. The epiglottis and vicinity were unchanged. The diagnosis was acute laryngitis, localized particularly on the ventricular bands. When, by energetic treatment, the swelling of those structures was lessened, it was perceived that the vocal cords were somewhat discolored and less brilliant than normally, but not hyperæmic. The patient continued without voice, complained of some pain and a certain difficulty of respiration. Immediately beneath the anterior commissure of the vocal cords, starting from the mucous membrane of the anterior surface of the thyroid cartilage, was a transparent tumor, spherical, smooth, a little larger than a pea, projecting into the lumen of the larynx. The occlusion of the vocal cords prevented phonation. On the night of the following day the abscess broke spontaneously, and bloody pus was discharged. The ordinary microbes of suppuration were present, but no tubercle bacilli. The voice at once became clear. There were several returns of the abscess, and it was only at the end of two months that it was finally healed. The author had taken it for an ordinary idiopathic abscess until, when making a laryngoscopical examination, one day he was impressed by a faint odor, resembling that of chloroform, exhaled by the patient's mouth. Examination was then made for diabetes, of which there was no symptom whatever, except furunculosis of the skin; but analysis of the urine revealed a specific gravity of 1.040 and 8 per cent. of sugar.

In addition to the subglottic abscess there were others in both arytenoid regions and upon the œsophageal surface of the cricoid cartilage. The evolution and termination of these abscesses were the same as those of the first. Treatment suitable for diabetes was adopted. The larynx was at length completely healed. Nothing was left but a little white thickening of the anterior commissure, extending to the anterior border of the left vocal cord. A certain degree of diabetes persisted and the patient belonged to that class of diabetics who never exhibit pronounced polyuria or polydipsia.

The author assimilates this laryngeal manifestation of diabetes to the diabetic

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pneumonia, which terminates in suppuration, with the formation of cavities or gangrene, and which, even before the days of bacteriology, was distinguished from tuberculous pneumonia. If he compares it also to cutaneous furunculosis and speaks of furunculosis of the larynx, it is in the same sense in which he understands verrucous pachydermia of the larynx, of variola, erysipelas, or pemphigus of the larynx, etc. Bacteriological examination of the contents of the abscess was not made in the case which has been described.—Revue Hebdomadaire de Laryngologie, etc.

Osteomyelitis Simulating Sarcoma.

Dr. Becker has recently observed three cases of the kind. The first was that of a young woman, 18 years of age, who sought the advice of Dr. Mueller on account of a neoplasm of the right femur which had been in existence for three years. The tumor was the size of an adult's fist, and was adherent to the bone. A certain mobility was present. There was no inflammatory manifestation, and it was thought to be a sarcoma. At the operation there was found a cystic tumor filled with soft granulations and a serous fluid, and inclosing a sequestrum two centimetres ($^3/_4$ inch) long. Bacteriological examination revealed the presence of the staphylococcus albus. Three years later the patient returned to the service of Dr. Mueller with a tumor similar to the first, situated upon the left humerus. The diagnosis of osteomyelitis was made, recollecting the result of the first intervention. In fact, operation disclosed a cavity filled with granulations and containing small sequestra. The wound closed, but a fistula remained, and a second operation demonstrated the presence of a focus of disease in the humerus. In this, also, small sequestra and granulations were present.

In the second patient, 29 years of age, there had developed, within about six months, a tumor half the size of a goose's egg in the right buttock, and exhibiting slight mobility upon the bone. The absence of all signs of inflammation suggested the diagnosis of fibroma or sarcoma. Nevertheless, a cyst was found inclosing a sequestrum the size of a bean. A favorable recovery occurred. The patient had suffered, twenty-two years previously, from arthritis of the right knee, which had confined him to bed for seven months. The third patient was a man, aged 29 years, who had a tumor of the left femur attended by sharp pain. The tumor was resistant upon palpation and slightly movable. An exploratory incision furnished fragments of tissue which, when examined under the microscope, were taken to be sarcomatous. The tumor was removed and was seen to contain a quantity of pus and a sequestrum of osteomyelitis one centimetre in length. It was composed of connective tissue of a lardaceous aspect. Recovery was uneventful.

As a deduction from these cases, the author gives the advice, which had already come from M. Jordan, that before declaring a diagnosis of osseous sarcoma an exploratory incision should always first be made.—La Tribune Médicale.

Suffocative Pneumothorax.

At a meeting of the Medical Society of the Hospitals M. Galliard spoke of a patient under his care who was attacked suddenly by suffocative pneumothorax, probably in consequence of pneumonia. There was extremely fœtid expectoration. An exploratory puncture gave issue to but a small quantity of liquid containing pneumococci. The succussion-sound had not been perceived. The pleura was opened in the eighth intercostal space. No liquid escaped, but only fœtid gas. The evening temperature was 39° C. (102.2° F.), and on the following morning it had fallen to 37° C. (98.6° F.). There was no suppuration in the wound. The expectoration persisted, but was less offensive. After alternations of fever and

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apyrexia decided improvement was manifested. Pneumothorax continued and even became total, although the state of the lung and general health were comparatively good. The patient left the hospital, and soon afterward returned to Italy, her native country.

M. Chauffard cited a case that he had observed in which an interlobar purulent pleurisy caused a secondary pneumothorax, the sequence being verified by the autopsy.—Le Progrès Médical.

Lesions of the Lungs Co-existing with Aneurism of the Aorta.

Dr. Reinebath read a paper upon the above subject before the Medical Society of Halle. He had witnessed four cases in which histological examination of the lungs had given the following results:—

In the first case the clinical symptoms had been those of pleural adhesions limiting expansion of the left apex and accompanied by symptoms of chronic bronchitis. At the autopsy there was found an aneurism of the aorta compressing the left bronchus, an induration of the left lung (but without pneumonia), pleural adhesions surrounding an exudation within that cavity.

In the second patient the diagnosis of aneurism of the aorta had been made during life. There had been thoracic symptoms indicative of exudation into the left pleura. At the necropsy an aneurism was found, and likewise a slight pleural exudate, but in addition there were present in the left lung peribronchitis and indurative pneumonia. Particularly interesting features of this case were the absence of compression of the bronchus and of râles, as well as bronchial respiration, during life. The existence of a little pleural exudate and the obstruction of the bronchi by mucus could scarcely explain the absence of the clinical symptoms of croupous pneumonia. They rather pointed to stenosis of the left bronchus caused by inflammatory swelling or stasis.

In the third case aneurism of the aorta was accompanied by putrid pleurisy, with foci of pulmonary gangrene. All these lesions were recognized at the post-mortem examination. The aneurism, although very large, had, nevertheless, produced no notable compression of the left bronchus.

In the fourth patient the aneurism evolved with symptoms indicative of progressive contraction of the left apex. From the clinical point of view the case might have been thought to be one of fibroid phthisis of the apex were it not for the absence of bacilli in the sputum and of emaciation. The patient succumbed with signs of cardiac paralysis, produced by a recrudescence of the bronchitis, of which symptoms had been present. There was no autopsy in this case.—La Tribune Médicale.

Urticaria of the Upper Air-passages.

Dr. Bachmann has described the case of a patient, 39 years of age, who had suffered for three years with cutaneous urticaria. For the last year the eruption had recurred every second to fourth day, and lasted about twelve hours, without any cause being discovered. There was a moderate chronic catarrh of the larynx. During each attack modifications of the mucous membrane analogous to those of the skin could be detected. Wheals of a dark- or bright- red color appeared in the mouth and especially upon the gums. They were about the size of a pea. They produced no trouble, and disappeared within a few hours. Several times the same lesions were discerned upon the laryngeal mucous membrane, the vocal cords, and anterior surface of the arytenoid cartilages. The lesions most frequently assumed the form of a circumscribed œdema, and were generally seen upon the posterior wall of the larynx, the summit of the arytenoids, the aryteno-epiglottidean folds, and in the interarytenoid space. The œdema never attained an alarming degree, and disappeared spontaneously at the end of twelve hours. There were no dyspeptic symptoms or

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cough, but there was a slight difficulty in swallowing and during speech. The voice became rough, but was never lost. For some time the lingual gland, already hypertrophied, sustained an acute attack, and then troubles of deglutition dominated the scene. In the interval of attacks the gland was reduced in size, and thus the approach of a paroxysm could be foretold. Neither the trachea nor lungs ever exhibited the least involvement. — Revue Hebdomadaire de Laryngologie, etc.

A Typical Form of Neuralgia of the Larynx.

Dr. G. Avellis has witnessed in two years a series of fourteen patients (11 men and 3 women) who presented a collection of similar symptoms, the principal of which consisted of pain during swallowing and speaking. The pain was sometimes so severe that the patients, though in good general health, were compelled to leave work. A lieutenant was obliged to quit the service. Another tasted no food for twenty-four hours, so much did he dread the pain produced by swallowing. The pain sometimes radiated to the ears, shoulders, or palate. In some patients they occurred in the day-time and lasted for several hours, disappearing entirely at night. The sufferers often enjoyed some hours of respite, and were led to hope that they were about to be freed from their affliction, but this was not long in again making its appearance. The pain was generally unilateral, and more frequent upon the left than the right side. In some individuals it occurred at that moment of the act of deglutition when the larynx is raised. None of the patients had hysterical antecedents and none had had influenza. Objective examination of the mouth, pharynx, naso-pharynx, larynx, and neck failed to show the presence of any abnormality. The patients referred their pain to the angle of the inferior maxilla, beneath the lobe of the ear or the horizontal ramus of the jaw. Most of the cases were seen during the spring and summer. Nearly all the patients were robust men in whom simulation or hysteria could be excluded with certitude.

From the negative result of objective examination and the inefficiency of local anæsthetics applied to the mouth, pharynx, and larynx, as well as the absence of hysterical stigmata, the constancy of the manifestations which varied only in intensity, the customary unilateral distribution of the pain, and its aggravation by certain movements,—such as compression, rotation, and inclination of the head toward the painful side,—the author came to the conclusion that he was dealing with a typical form of neuralgia of the larynx.

The author soon obtained an objective confirmation of his theory. We know that in all neuralgias the most painful spots are those where the affected nerve enters or leaves a narrow canal. Now, all these patients complained of pain at the point where the superior laryngeal nerve enters a narrow opening in the thyrohyoid membrane. Application of the cathode was equally painful at this spot. Another painful spot was found in the pyriform sinus, where the same nerve appears almost immediately beneath the mucous membrane. The nature of the affection was furthermore exemplified by the result of antineuralgic treatment.

The author gives the following summary of the disease: Unilateral or bilateral pain, continuing for several days or weeks, attacking healthy people without the signs of hysteria, presenting temporary remissions and ameliorations, being aggravated by movements of the neck and throat (deglutition, phonation, etc.); external and internal examination negative; typical painful spots in the course of the superior laryngeal nerve; efficacy of antineuralgic remedies and dry heat. He draws a differential diagnosis between this affection and (1) rheumatism of the muscles of the neck; (2) inflammation of the lateral bursa sometimes found between the hyoid bone and the border of

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the thyroid cartilage; (3) hysteria.—Revue Hebdomadaire de Laryngologie, etc.

Therapeutic Notes.

Chloride of Calcium in the Treatment of Hæmorrhagic Variola.

Chloride of lime has been formerly much used in therapeutics. Fourcroy gave it in scrofula. English physicians still prescribe it for tuberculosis, gland enlargements, and certain cutaneous affections. Modern researches have established the fact that salts of calcium play a capital rôle in the coagulation of the blood, thus indicating their effectiveness in hæmorrhagic affections. Wight has given them successfully in scurvy. M. Roger has frequently prescribed chloride of calcium in hæmorrhagic variola and in pustular variola accompanied by hæmorrhages. Without being perfect, the results were encouraging; often there was a complete disappearance of the hæmorrhagic manifestations, including hæmaturia and metrorrhagia. Owing to its caustic action, it should be copiously diluted and given by the mouth. The taste being disagreeable, it is better to prescribe it with syrup of bitter orange-peel or rum. Four to 6 grammes may be given *per diem*, although 12 grammes produce no toxic symptoms. Solutions of gelatin may also be employed in nasal and uterine hæmorrhages.—St. Louis Medical Review.

An Enema for Chronic Dysentery.

Delioux de Savignac recommends the following formula:—

℞ Tincture of iodine, 10 to 20 drops.
Potassium iodide, 7 1/2 grains.
Water, 8 ounces.—M.

—New York Medical Journal.

Amenorrhœa.

For chlorotic amenorrhœa the following pill is well recommended:—

℞ Ferri phosphati, ʒj.
Pulveris aloës, gr. xv.
Quininæ hydrochloridi,
Ergotini, of each, ʒss.

M. et ft. pil. No. lx.
Sig.: One pill four times a day.

This pill possesses the properties of a laxative, hæmatinic, tonic, and uterine stimulant, all of which are certainly indicated in the treatment of such conditions.—Journal of the American Medical Association.

Dysmenorrhœa.

If the flow is not abundant, but difficult, hot sitz-baths, to which mustard has been added, are recommended, or mustard applied to the anterior abdominal wall. In such conditions Lyon gives the following:—

℞ Asafœtidæ, gr. ij.
Ext. valerianæ, gr. j.
Ext. cannabis Indicæ, gr. ss.

M. et ft. pil. No. j.
Sig.: One, two, or three a day.—Journal of the American Medical Association.

℞ Acetanilidi, gr. iij.
Caffeinæ citratæ, gr. ss.
Sodii bicarb., gr. iij.

M. Sig.: At one dose. To be repeated in one hour if necessary.—Canadian Practitioner and Review.

For Premenstrual Pain.

℞ Codeine, 3/4 grain.
Chloral,
Ammonium bromide, of each, 15 grains.
Camphorated water, 1 ounce.

M. To be taken in one dose at bed-time.—New York Medical Journal.

A Syrup for Consumptives.

Dr. Schoepp proposed the following formula for a combination of calcium superphosphate with balsam of Peru and creasote, which has been found very useful for the treatment of consumptives:—

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℞ Calcium phos., gr. lx.
Aqua dest., ℥ij.
Hydrochloric acid, *m*lxxv-xcv.

Mix the phosphate with the water and add sufficient acid to dissolve it. Then in the proper manner:—

℞ Balsam of Peru, *m*xxx.
Gum arabic, gr. xxx.
Creasote, *m*xv.
Syrup, q. s. ℥iij.

The maximum dose of this syrup is a tablespoonful three times a day, but it is advisable to begin on less, say a teaspoonful. —Medical Summary.

Cardiac Tonic.

As a cardiac tonic by the mouth in croup the following is recommended:—

℞ Caffeinæ, ℥j.
Tinct. kolæ, ℥vj.
Ext. cinchonæ fluidi, ℥iij.
Vini, Oij.

M. Sig.: Take a wineglassful several times a day.—Journal of the American Medical Association.

Grippe.

A prescription of Dr. Horace Bigelow's is:—

℞ Codeinæ, gr. iiss.
Cinchonidiæ, gr. x.
Acetanilid, ℥ss.

Div. in capsules No. x.

Sig.: Give one every two hours.—Medical Review of Reviews.

The Medical Review of Reviews takes the following from Prof. W. H. Thomson:—

℞ Phenacetin, gr. iij.
Quin. sulph., gr. ij.
Ext. aconit. rad., gr. $^1/_{12}$.
Pulv. ipecac et opii, gr. ss.

M. Ft. pil. No. j.

Sig.: One pill; may be repeated every four hours.

Incontinence of Urine.

℞ Tincture of cantharides, ℥i $^1/_4$.
Syrup of canella,
Syrup of acacia, of each, ℥iss.

M. Sig.: Teaspoonful in evening before going to bed. — Comby, quoted in Le Progrès Médical.

Basedow's Disease in Childhood.

℞ Strontii brom., 6 grammes.
Strontii iod., 12 grammes.
Aq. destil., 40 grammes.
Aq. menth. pip., 20 grammes.
Syr. menth. pip., 20 grammes.

M. Sig.: Teaspoonful three times a day. — Medical Times and Hospital Gazette.

Bismuth Salicylate.

In an editorial entitled "A Therapeutic Paradox," in the Journal of the American Medical Association, it is said:—

"Bismuth salicylate is most efficient in combating gastric and intestinal infection, and in soothing the irritated mucous membrane of the alimentary canal. This drug thus relieves the diarrhœa quite promptly, but a number of physicians and patients have observed that, if its use is persisted in, it tends also to ameliorate the constipation. Of course, it does this through its antiseptic action in preventing the formation of bacterial products, which primarily paralyze the bowel and cause constipation."

A Resolvent for Tuberculous Glands.

The Journal de Médecine de Paris gives, on the authority of Descroizilles, the following resolvent solution:—

℞ Distilled water, 150 parts.
Chloride of sodium, 40 parts.
Sulphate of magnesium, 15 parts.
Tincture of iodine, 1 part.

M. To be applied on compresses.—New York Medical Journal.

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Treatment of Hereditary Syphilis of Nose and Throat.

In addition to the constitutional treatment, Casselberry advises attention to the bowels, diet, and general health. As a local application to the ulcers he recommends the following:—

℞ Iodini,
Acidi tannici,
Potassii iodidi, of each, 3j.
Glycerini, ℥ss.
Aquæ, q. s. ad ℥j.

M. Sig.: Apply to the ulcers directly with a cotton swab.—Journal of the American Medical Association.

Hæmorrhoids.

Ewald states that the tumors may be touched with the following solution, which tends to make them more tough and resisting, and may contract the smaller nodules:—

℞ Potassii iodidi, gr. xxx.
Iodi, gr. iij.
Glycerini, 3x.

M. Sig.: As a local application.—Journal of the American Medical Association.

Discharge from the Ear with Deafness.

℞ Ol. verbasci (mullein),
Pulv. acidi borici, of each, 3j.
Pilocarpinæ muriatis, gr. iv.
Glycerini, 3j.

M. Sig.: One drop in the ear, *t. i. d.* Syringe out the ear each morning.—The Prescription.

Acute Tonsillitis.

Ashby's formula is:—

℞ Sodii salicylatis,
Potassii citratis, of each, gr. xl.
Syr. pruni Virginianæ, 3iiss.
Aquæ, q. s. ad ℥ij.

M. Sig.: One dessertspoonful every three or four hours, for a child of five or six years.—Medical Fortnightly.

Codliver-oil Soap in Pulmonary Consumption.

Rohden employs a superfatted soap made of codliver-oil and an alkali, to which may be added various medicaments, such as balsam of Peru, potassium iodide, etc. It is employed by inunction on the legs, the neck, the breast, and the back, about $2^1/_2$ drachms at a time. The treatment lasts for several weeks at least.—New York Medical Journal.

An Abortive Treatment of Chalazion.

Strzeminski, of Wilna, recommends this ointment:—

℞ Iodine, 2 parts.
Potassium iodide, 6 parts.
Lanolin, enough to make 75 parts.

M. To be rubbed gently on the affected lid.—New York Medical Journal.

Johimbine as a Remedy.

A correspondent of the New York Medical Journal says:—

"Johimbine is an alkaloid which was first isolated in 1899 by Spiegel and Thomson, working independently but simultaneously, from the bark of *Yumbehoa*, or *Johimbehe*, and is said to be a most efficient and at the same time a harmless aphrodisiac. In addition to Mendel, the action of this alkaloid has been tested on the generative organs of animals by Oberwirth, and in a recent article in the Berliner klinische Wochenschrift A. Loewy, of Berlin, gave some very interesting details concerning the action of this drug. He found that hypodermic injections of johimbine into rabbits produced a marked hyperæmia of the epididymis, the testes, and the penis, as a result of which an erection followed. No irritating effects on the kidney were observed. In men, the internal administration of johimbine in doses of 5 milligrammes, two or three times daily for two or three weeks, had no injurious effects upon the kidneys, but stimulated the erectile reflex. The new alkaloid cer-

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tainly deserves to be tested in cases of functional impotence, and, if the statements made for it are substantiated by further experience, it will supersede the aphrodisiacs now in vogue."

Cardiac Stimulant.

The Medical Record ascribes the following to Capitan:—

℞ Caffein.,
Sod. salicyl., of each, 1 to 1.5.
Spartein. sulph., 0.40.
Amm. acetat., 1.
Aq. destill., 50.

M. Sig.: 3j every half-hour, *p. r. n.*

℞ Caffeinæ,
Sod. salicyl., of each, 2 to 2.50.
Spartein. sulph., 0.50.
Aq. destill., q. s. ad 10 c.c.

M. Sig.: Inject gtt. xx subcutaneously.

Asthma.

A good combination for general use internally is the following, according to Jackson:—

℞ Sodium iodide,
Sodium bromide, of each, gr. ij.
Fl. ext. euphorb. pil.,
Ethereal tinct. lobelia, of each, gtt. iij.
Nitroglycerin, gr. $^1/_{200}$.

M. Sig.: Take at one dose, and repeat in half an hour, if needful.—Medical Record.

Local Use of Guaiacol in the Treatment of Frequent Painful Urination.

Dr. Jesse Hawes states that guaiacol in a fluid condition should not be permitted to cover the mucous membrane; barely enough to make a surface application is all that is desirable. Thus applied it is an anæsthetic and mild stimulant. It gives rise to much less pain than the usual local applications. No strangury results, as is usually the case when silver nitrate is used. The patient will often retain the urine for hours after the application. Its use is often followed by a lessening of the perineal and suprapubic discomfort after a few hours, and, in the author's experience, a few applications, from five to ten days apart, have been more satisfactory to patient and physician than any remedy previously used. The author states that 20 per cent. of his patients have been cured, while in 70 per cent. marked improvement has followed the use of guaiacol. —New York Medical Journal.

Treatment of Gonorrhœa in Women.

Gibson quotes a communication made by Janet to the International Congress in Paris. A recent gonorrhœa in the female may affect the urethra, the glands of Skene and Bartholin, the vagina, and the cervix uteri. At each examination one should discover which of them is affected, and apply the treatment accordingly. The urethra is irrigated with a cannula so constructed as to furnish a recurrent stream, with permanganate solution of the strength of $^1/_2$ to 1 per cent. A short catheter may also be used to wash out and fill the bladder; the patient then passes the solution, and irrigates the urethra in so doing. When Skene's glands open outside the urethra, they are emptied by pressure and washed out with permanganate solution (1 to 300) by means of a syringe provided with a fine, soft cannula; when they open into the urethra, the lips of the meatus are separated by a bivalve speculum, the openings of the ducts are searched for, and the glands washed out in the same way. Bartholin's glands are also emptied by pressure, and are washed out with the same solution. The vagina is irrigated with permanganate solution (1 to 2000), and the cervix is swabbed out with cotton-wool soaked with the permanganate solution (1 per cent.). The permanganate may be replaced by protargol, in the strength of 2 per cent. for the cervix, 1 per cent. for the glands, and $^1/_2$ per cent. for the urethra.—Therapeutic Gazette.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
F. A. DAVIS COMPANY, Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, March, 1901.

OCULAR LESIONS OF HEREDITARY SYPHILIS.

A VAST vista is opened up by that one word "syphilis." There is brought to mind not only the varied manifestations produced in the patient who acquires the disease, but the extremely unfortunate result which often involves the offspring. The usual signs of inherited disease are well known, and are so characteristic that they can hardly be mistaken. Those exceptional cases, however, in which the effects are delayed far beyond the customary period for their advent may be a source of error. Other marks of this subtle and widely-spreading infection have received less general attention or recognition. We have, therefore, been particularly interested in the perusal of a communication presented by Dr. A. Antonelli, of Paris, to the International Ophthalmological Congress, which assembled last summer in the French capital. The paper is published in that excellent journal and valued exchange, Recueil d'Ophtalmologie.[1] The author in 1896 had read a paper upon the subject before the French Ophthalmological Society. During the last three years, in his public and private practice, he had collected notes of about four hundred cases. His observations received confirmation from other writers, and a recent thesis by Loktew, of St. Petersburg, is devoted to the same line of inquiry. The latter studied the eyes of ten hereditary syphilitics, and constantly found pathological alterations. Most of these were lesions affecting the blood-vessels, and, as a rule, of the uveal tract, the iris being involved in all the cases. In half the cases there was infiltration of the optic nerve. In two cases the retina was diseased.

Referring to his later researches, Dr. Antonelli lays stress upon the value of these lesions in explaining those manifestations which have been called parasyphilitic, as well as the tardy and isolated evidences to which we have made allusion. Many leg-ulcers are the late results of syphilis. In such instances, in the service of Professor Fournier, it has often been possible to affirm with confidence the specific nature of these ulcers by the result of examining the fundus of the eye and to promote the cure by virtue of a protracted mercurial course, undertaken with every assurance of success. Another field in which the same method has been of decided assistance is that of those syphilides which simulate lupus. Genuine lupus may also attack a child who has inherited syphilis, and we are thus enabled to influence favorably the lesions by adopting an appropriate plan of treatment. This association may serve to explain why lupus is sometimes cured by injections hypodermically of calomel. Not long ago the author had exhibited in the service of Professor Fournier and before the Society of Dermatology and Syphilology a woman, 39 years of age, who suffered from periostitis of the orbit as a tardy and isolated phenomenon of inherited syphilis. The disease simulated a lacrymo-ethmoidal affection, its true nature was revealed by the rudimentary syphilitic signs, and the patient was cured by specific treatment. The same signs have permitted Dr. Antonelli, during the last three years, to distinguish recently-acquired syphilis in victims of the inherited disease. He, conse-

[1] "Les stigmates ophtalmoscopiques de la syphilis héréditaire et atavique." Nouvelles contributions par le Dr. A. Antonelli (de Paris). Communication faite au Congrès international d'ophtalmologie. Recueil d'Ophtalmologie, Octobre, 1900.

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quently, draws the deduction that our ideas relative to the immunity of hereditary syphilitics require to be modified. Some children born of a syphilitic parent appear in blooming health, but, notwithstanding this fair and, it may be, robust, outside, the presence of rudimentary lesions in the eyes will demonstrate that some taint had been experienced. Dr. Antonelli advances the opinion that the so-called spontaneous hæmorrhages in the vitreous of young subjects are sometimes a late evidence of a syphilitic inheritance.

The recognition of these ocular signs is, furthermore, an important element in the solution of that question which has occasioned so much controversy: namely, the second inheritance of syphilis. In his first memoir our author collected eight cases of this kind. Since that time he has encountered other cases. He has found the same alterations in the eyes of the second generation descended from a syphilitic subject. As a consequence, he is a believer in the possibility of this transmission.

The author next addresses himself to the question whether the ocular evidences are different in the second from the first generation of descendants. Is it possible to pronounce from ophthalmoscopical examination whether a patient is the child or grandchild of a syphilitic individual? Hereditary syphilis, he asserts, is an almost constant cause of optic neuritis, retrobulbar or papillary, neuroretinitis or chorioretinitis, evolving during the latter period of fœtal life or soon after birth and more rarely during early childhood. These processes often occur without causing much subjective disturbance, particularly if the specific virus is attenuated. There remain, however, traces visible to the ophthalmoscope, more or less defined, but more frequently of a rudimentary character. As the pathogenesis and significance of these is identical, the author comes to the conclusion that the appearances must be the same in both the first and second generations of inheritance. In his experience the lesions have been alike in both parent and child.

RHEUMATIC TORTICOLLIS.

RHEUMATISM is one of those great general morbid processes involving the blood as well as the solid tissues, which are consequently marked by a great variety of clinical manifestations. It is our duty to endeavor to recognize these different forms and to ascribe the symptoms to their proper source. On the other hand, we must certainly learn to discriminate, and avoid falling into the mistake of referring every ache to rheumatism. An acute attack with fever and swollen, painful joints is readily recognized, and it is known that such an illness is sometimes followed by wryneck. Dr. Paul Coudray, however, in a communication to the Medical Society of Paris, published in our highly-esteemed contemporary, Le Progrès Médical, relates the history of a case which is less easy to comprehend, inasmuch as the disease was chronic from the beginning, and the diagnosis, therefore, required care and deliberation. The patient was a boy of thirteen who was suddenly afflicted with wryneck without the occurrence of fever or pain. A few nights before he had complained of feeling cold. He was somewhat pale, but well nourished, and had suffered from nothing but measles during childhood. There was a history of rheumatism in the father's family. The head was strongly inclined toward the right shoulder, and the chin almost touched the sternum. The left occipital region was swollen, and contractured muscles, especially the splenius, could be distinguished. More deeply and posteriorly the transverse processes of the first two or three cervical vertebræ could be recognized. There was, consequently, articular displacement. The bony projection and the absence of acute symptoms would suggest the existence of Pott's disease of the upper cervical vertebræ, but it was ascertained that the lad slept near a

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window which did not close tightly, and had felt cold in the night. The distortion had followed almost immediately, and was unaccompanied by any acute manifestations. This history scarcely agreed with that of vertebral tuberculosis. Both parents were of the rheumatic dyscrasia. The father had died of that disease. When submitted to suspension in an apparatus there was considerable diminution of the swelling; the distortion was largely effaced. This occurrence demonstrated that the torticollis was due to contracture of muscles. The next point to be decided was whether the condition was one of muscular contraction pure and simple or whether that depended upon a primary arthritis. Articular implication was indicated by the obvious rotation of the transverse processes and the presence of deep-seated pain. This form of rheumatic manifestation is deserving of special study, because of difficulty of diagnosis and because of method of treatment. Dally, in particular, elucidated the part taken by arthritis in the production of permanent torticollis. That due entirely to muscular contraction is temporary and easily cured. Torticollis of acute origin, but which has become chronic and accompanied a deformity of the vertebral articulations, especially the first three, must be referred to an initial arthritis, wrote Dally. To this form he gave the name of occipito-atloid arthritis, the inflammation being probably of rheumatic origin and generally accompanied by subluxation of the atlas whereby one of the transverse processes of that bone is carried backward and approaches the mastoid process, in which position it may be felt, while the place which the other apophysis should occupy is represented by a deep depression. The head is inclined to the shoulder corresponding to this depression. When several vertebræ are involved the swelling and distortion is greater in proportion. This variety of arthritis presents a marked tendency to ankylosis.

In the treatment of such cases Coudray counsels the practice of extension, even in old cases, before having recourse to any forced measures. He is brought to this conclusion by the study of the favorable results which, in many serious and old cases, have been effected. In the case narrated autoextension was practiced. The first attempt was made with the most solicitous precautions. The traction was gentle, the patient was not raised from his feet, the *séances* were repeated every day, and by the eighth day the boy was able to bear the operation for nearly an hour. After each sitting extension of the head and neck was made in different directions, more particularly in those opposed to that of the deviation. Every second day massage was performed. At the end of six weeks of this treatment, aided by other measures which need not here be detailed, the boy was able to leave Paris completely cured. In confirmation of the belief that the trouble had been caused by rheumatism the patient was subsequently the victim of an acute generalized attack of unmistakable nature.

Correspondence.

Editor of the Medical Bulletin:

Editorial page 20 of the January BULLETIN calls to the mind of the writer two years of experience as house-physician in a large county almshouse. More than half of the inmates of this institution were idiots, degenerates, mental weaklings, and victims of incurable disease. In a few of the above alcoholism was the immediate cause of the infirmities that took them to the almshouse, but, excepting these, I must say that about one-half were there because of helplessness, and from no fault of their own.

About three-sevenths of the inmates were a mixed mass of transient tramps, small children, aged men, and women ex-prostitutes under treatment, and people taken sick without means.

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The tramp, the prostitute, and some of the sick ones were there, no doubt, because of their shiftless and evil lives. For such reason, also, the victims of alcoholic and venereal disease were there; yet such cases as these constituted no more than 20 per cent. of all the inmates.

Now, how about most of the aged and those with incurable disease, who constituted about 70 per cent. of all? Many—in fact, most—of these had lived lives as worthy of respect as that of the average man and woman. They possessed a good average intelligence, their lives had been as industrious, and in most cases their suffering of wrong had been greater than their doing of wrong. One old man had been through the Punjaub War; his had been an heroic life, and a clean life also.

Pathetic and dramatic histories could be written if one should take the trouble to interview some of the old fixtures of our almshouses. Some of them are men of profound education. I have even reviewed the depths of the integral calculus with an inmate of a poor-house. These are men who work hard all their lives, men free from dissipation, scholars, men too generous and honest to think sufficiently of number 1, who go into retirement in old age at the almshouse.

The old doctor that treated the writer when a child was a ward of charity in his old age. He was a good, pure, and generous man, as well as a devoted worker in his profession.

It is not, I believe, the minority who are there because of deplorable misfortune. The unfortunate we will find to be in the majority, if we will base our investigation upon a careful observation of the individuals. There are those in the almshouse who would rather be there than dependent upon friends, men who have never asked a favor in their lives, and get left in the race because they do not "beg" before they are broken.

When I see how oft in this world the wicked flourish and the self-sacrificing ones go to the wall, I felt that no one should be ashamed to go to the poor-house when his race on earth is run, provided he has done his best, for many a man who has done his best has ended in the pauper's grave.

C. E. Boynton, M.D.

Sandy, Utah.

Medical News and Miscellany.

Dr. Strawbridge's Generous Offer.—Dr. George Strawbridge announces that there has lately been placed in his office, 202 S. Fifteenth Street, Philadelphia, a large electromagnet for the extraction of iron and steel bodies from the eyeball. This magnet has a lifting power of over three hundred pounds, and is modeled after the Haab pattern. To facilitate its manipulation, it has been suspended from the ceiling. This is believed to be the only magnet of this class in Philadelphia, and he wishes to place it at the disposal of his medical *confrères*. It will give him a great pleasure to have them use it whenever they wish to do so.

Herbert S. Stone & Company's Announcement. — Herbert S. Stone & Company, of Chicago, announce that they have in preparation, and will soon issue, "A Textbook of Special Surgery for Practitioners and Students," by Dr. Franz Koenig, translated from the seventh German edition by Dr. Arthur B. Hosmer and edited by Dr. Christian Fenger. It is the authorized translation, and will consist of three large octavo volumes, each containing in the neighborhood of three hundred illustrations. Full information in regard to the work, price, etc., can be obtained by addressing the publishers.

A New Glucoside from Willow-bark.—H. A. D. Jowett points out that it has been generally assumed that the different species of the willow-bark contain the same glucoside,—salicin,—although in varying

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amount. On examining a bark purchased as black willow he found that the crystalline principle was not salicin, but a new glucoside, which he purposes to provisionally call "salinigrin." It was not possible to determine with certainty from what species of salix the bark was obtained. The constitution of the new glucoside differs from that of salicin, for, while the latter is the glucoside of *o*-hydroxybenzyl-alcohol, salinigrin is the glucoside of *m*-hydroxybenzyl-aldehyde: a substance not previously met with in plants. Salinigrin separates in needles or rosettes; the crystals are anhydrous, and melt at 195° without decomposition, solidifying to a crystalline mass on cooling. They are fairly soluble in cold water (about 1 in 52); exceedingly soluble in hot water; sparingly soluble in cold alcohol (1 in 218), but more so in hot; also sparingly soluble in hot acetone; and almost insoluble in ether, light petroleum, or chloroform. It is levorotatory, and very slightly reduces Fehling's solution on boiling. On hydrolysis it yields quantities of glucose and *m*-hydroxybenzaldehyde; its formula is, therefore, $C_{13}H_{16}O_7$. It can be easily distinguished from salicin by affording with sulphuric acid a colorless solution, while salicin under similar conditions produces a blood-red color. It would be possible to separate it from salicin by fractional crystallization from alcohol, in which it is much the less soluble.—British Medical Journal.

McClure's Magazine. — The leading article in McClure's Magazine for March will be a character study of Edward the Seventh, written by George W. Smalley, the American correspondent of the London Times, and illustrated by a remarkable collection of photographs. "Life Portraits of Queen Victoria" will be another feature. The series is made up of reproductions from photographs and paintings, and it is of notable historical value. They cover the life of the queen from infancy to old age, and are accompanied by descriptive text. Theodore Roosevelt, the Vice-president-elect of the United States, will contribute an article entitled: "Reform Through Social Work."

"Disbanding the Union Army" is the title of an article by Ida M. Tarbell, which will appear in the March issue. This will fully describe the extraordinary feat accomplished by the Federal Government at the close of the Civil War, when, without any disaster, a million soldiers were returned to quiet pursuits. The article is elaborately illustrated. Among the contents will be "What We Know About Mars," by Edward S. Holden, formerly director of the Lick Observatory; "Billy's Tearless Woe," a story written and illustrated by Frederic Remington; "The Law of Life," an Alaskan story, by Jack London; "Dan McCarthy," a story of the New York police, by J. Lincoln Steffens; besides other short stories, an installment of "Kim," by Rudyard Kipling, and a poem by Josephine Dodge Daskam.

The March "New" Lippincott. — A new novel by Maurice Thompson, the first since "Alice of Old Vincennes," appears—complete—in the March "New" Lippincott Magazine. As in "Alice of Old Vincennes," he selects his native State, Indiana, for a background, though some of the most significant incidents occur in picturesque New Orleans and during a trip on the lovely, languid waters of Bayou Teche. Three vivid characters in the story compel more than a word in passing, while even the sidelights are distinctly original. Frederick Breyton, a young New York millionaire, who yearns for "something different," makes a bicycle-trip through the West. When he reaches the little town of Hawford, Indiana, he finds what fate had in store for him. No girl has yet made a lasting impression on the fine young fellow, who is a bit of a poet, and when he meets Rosalynde Banderet his heart is ready for the germ of love. This is unfortunate, because the girl is engaged to Alfred Rayle, an impoverished artist, a cripple, whose divine eyes and marvelous magnetism make him a rival not to be lightly considered.

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General Charles King's West Point story (third in the series of "College Tales" now running through the "New" Lippincott) is entitled "The Code of the Corps." General King says: "I attach especial value to this story at this time." By which he evidently means that it bears closely on the recent investigations into hazing at West Point. It is a good story besides.

Other short fiction of the month is contributed by Louise Betts Edwards, whose "At the Gates of Mercy" is a very human story of a wife's readiness to forgive when she is certain she would be forgiven the same fault.

"A Palæolithic Wooing," by Dr. Merrick Whitcomb, is a queer and able tale of prehistoric love.

"'Lisa: A Sketch of Spanish California," by Eleanor G. Walton, adds variety in the pathetic picture of an old father seeking his little "'Lisa," only to find her a hollow-eyed and hardened woman.

Mrs. E. D. Gillespie's autobiography, "A Book of Remembrance," is soon to appear in book form. The "New" Lippincott is fortunate in securing a couple of advance chapters which contain some of the liveliest anecdotes and funniest experiences of her eventful life. Mrs. Gillespie's descent from Benjamin Franklin, and her prominence in matters social and political for more than three-score years, render her recollections unusually brilliant, witty, and valuable.

The artist-author, Mrs. Anna Lea Merritt, contributes a paper on "Making a Garden," in which there are many valuable suggestions and beautiful thoughts. It is accompanied by a garden plan of much practical service to amateurs.

"The Native Races of Mexico," by Henry S. Brooks, is a significant paper of timely interest in a Pan-American year.

There is an abundance of good and seasonable verse in the March "New" Lippincott: "At the Sarah-Bernhardt Theatre," by Florence Earle Coates; "Two Visions," by Theodosia Garrison; "When Sprucewood Sleeps," by Francis Sterne Palmer; "Is it Spring Again in Ohio?" by Edith M. Thomas; and "A City's Woe," by Clarence Urmy.

Philadelphia County Medical Society.—The following officers have been elected for the ensuing year: President, Dr. George Erety Shoemaker; first vice-president, Dr. Thomas H. Fenton; second vice-president, Dr. Francis Perkins; secretary, Dr. Elwood R. Kirby; assistant secretary, Dr. William S Wray; treasurer, Dr. Collier L. Bower; censor, Dr. Frederick P. Henry.

Philadelphia Medical Club.—At the annual meeting, held January 11th, the following officers were elected for the ensuing year: President, Dr. E. L. Duer; vice-presidents, Dr. John B. Deaver, Dr. Philip Marvel (of Atlantic City); secretary, Dr. Guy Hinsdale; treasurer, Dr. F. S. Pearce; member of the Board of Governors, Dr. James M. Anders; Executive Committee, Dr. T. C. Fulton, Dr. James Van Buskirk, Dr. L. Webster Fox, Dr. Ernest Laplace, and Dr. G. G. Davis.

Pennsylvania Hospital.—Dr. Henry W. Cattell has resigned as pathologist to the Pennsylvania Hospital.

Masters of Men.—The Saturday-Evening Post announces for early publication a twelve-part serial story of love and adventure by Morgan Robertson. "Masters of Men" is a powerful tale of the new navy.

The central figures in the story are a rich orphan, who has entered the navy as an apprentice, and a young ensign, fresh from the naval academy. The author leads his two heroes through a maze of adventures by land and sea.

This romance may fairly be called the best work of the best writer of sea-stories in the country.

St. Louis Medical Society.—The following are the officers-elect of the St. Louis Medical Society: L. E. Newman, president; W. W. Graves, vice-president; C. R. Dun-

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ley, recording secretary; A. R. Kieffer, treasurer; W. B. Shields, corresponding secretary.

Dr. F. P. Norbury.—Dr. Frank Parsons Norbury, who for the past four years has had charge of the medical department of Oak Lawn Sanatorium, Jacksonville, has resigned. Dr. Norbury will soon open under his own control and management, at Jacksonville, an institution for the private care and treatment of diseases of the brain and nervous system.

Dr. Flexner.—Dr. Simon Flexner has been appointed pathologist of the Pennsylvania Hospital, and director of the Ayer Clinical Laboratory, to succeed Dr. H. W. Cattell, resigned.

Dr. O. F. Mercier.—Dr. Oscar F. Mercier has recently been appointed head surgeon of the Notre Dame Hospital, Montreal. He will also be professor of the surgical clinic.

Bequests to Philadelphia Hospitals.—Through the will of Mrs. Anna Stickler, of Camden, N. J., the Methodist Hospital of this city has been left $5000.

A bequest of $15,000 has been made to the Orthopædic Hospital through the will of Ruth Anna Cope, and $1000 was given to the Germantown Hospital.

Resignation. — Dr. A. de Watteville has resigned the editorship of Brain. When accepting his resignation the following resolution was unanimously adopted by the Council of the Neurological Society: "The Council accepts with great regret Dr. de Watteville's resignation of the editorship of Brain, and desires to take this opportunity of recording the deep debt of gratitude that the society owes him for the way in which he has conducted the journal."

Sir William MacCormac.—Sir William MacCormac has received from the President of France the cross of Commander of the Legion of Honor.

Western Surgical and Gynæcological Association.—Chicago was chosen as the next place of meeting, and the following officers were elected, Dr. A. F. Jonas, of Omaha, president. Dr. A. W. Abbott, of Minneapolis, first vice-president. Dr. C. E. Ruth, Keokuk, second vice-president. Dr. G. H. Simmons, of Chicago, secretary and treasurer. Dr. A. B. Campbell, of St. Joseph; Dr. H. C. Crowell, of Kansas City; Dr. John P. Lord, of Omaha; Dr. James E. Moore, of Minneapolis; Dr. M. L. Harris, of Chicago, Executive Committee. Dr. John B. Murphy was elected chairman of the Committee on Arrangements for the next annual meeting.

Philadelphia Neurological Society.—The following officers were elected for the ensuing year: President, Dr. James Tyson; vice-presidents, Drs. C. S. Potts and F. X. Dercum; secretary, Dr. A. A. Eshner; treasurer, Dr. Guy Hinsdale; councilors, Drs. D. J. McCarthy, J. Sailer, and W. G. Spiller.

Perforation of the Pancreas and Duodenum by a Tapeworm. — Stieda reports a post-mortem examination on a woman, aged 68, who died from an ulcerating carcinoma of the pylorus encroaching on the duodenum. In the duodenum a tapeworm (*Tænia saginata*) was found; it had reached the lumen by perforating the intestinal wall. The head of the worm was found, by cutting serial sections, to be imbedded in the pancreas. Inflammatory reaction around the worm pointed to the perforation having occurred during life. Stieda has not found a similar case recorded.—British Medical Journal.

Cooper Hospital, Camden, N. J.—The following physicians were elected by the board of trustees of the Cooper Hospital: Medical staff, Drs. William A. Davis, E. L. B. Godfrey, William R. Powell, and H. Genet Taylor; surgical staff, Drs. Daniel Strock, Joseph L. Nicholson, Paul M. Mecray, and Edward A. Schellenger; ophthalmologist, Dr. William R. Powell; gynæcologists, Drs. Dowling Benjamin and Joseph S. Baer; pathologist, Dr. Walter S. Bray; laryngologist, Dr. Ernest S. Ramsdell.

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The Public Baths Association of Philadelphia.—The first public baths and washhouses, on Gaskell Street, above Fourth, were open for inspection on the afternoon of February 20th. The association is engaged in a meritorious work, and we trust that its efforts will be attended by success.

Dr. D. W. Marston.—Dr. Daniel W. Marston has been appointed visiting surgeon to the Randall's Island Hospital, by the department of public charities.

A Case in Which Sexual Feeling First Appeared After Removal of Both Ovaries.—A. L. Smith, of Montreal, reports the case of a woman, aged 26, married seven years, had never been pregnant, and had never menstruated. At her menstrual periods she had a leucorrhœa, the breasts and abdomen were swollen and painful, bowels constipated, and for two days in the month there was either total suppression or retention of the urine. Although her characteristics were exceedingly feminine, she had derived no pleasure whatever from the sexual relation, but, on the contrary, had always suffered great pain. Both ovaries were low down and tender, and the right enlarged. Deeming the operation justifiable, the ovaries and tubes were removed by abdominal section. A few months later, when seen again, she stated that she now experienced the most ardent sexual desire, although there were no signs of menstruation. Her husband confirmed the statement. There was no masculinization of her figure or character. The writer quotes Lawson Tait's statement that in cases of chronic ovaritis and adherent tubes such an operation will not unsex the patient, but, on the contrary, reinstate her in her sexual functions.—St. Louis Medical Review.

Ladies' Home-Journal.—Theodosia Burr's remarkable life-story is capitally told by an admiring writer in the February Ladies' Home-Journal. Such extremes of joy and sorrow as were the lot of "The Beautiful Daughter of Aaron Burr" come to few women. The story of the famous hymn, "Nearer, My God, to Thee," and a close view of its brilliant author, are united in "A Woman to Whom Fame Came After Death." How we get and keep the correct time is explained in "The Clock by Which We Set All Our Watches"; and "The Buffaloes of Goodnight Ranch" is a record of the only herd of North American bison owned by a woman. Lovers of "Cranford"—and they are legion—will be delighted with the dramatic version in the February journal. Through Edward Bok representative men and women journalists emphatically settle the oft-disputed question, "Is the Newspaper Office the Place for a Girl?" There seems to be but one opinion among those who should know most on the subject. "The Problem of the Boy," "Why One Man Succeeds and His Brother Fails," and "The Trying Time Between Mother and Daughter" are all thoughtful articles. Architecture, the fashions, culinary matters, and all themes interesting women are amply treated. By the Curtis Publishing Company, Philadelphia. One dollar a year; ten cents a copy.

Atlanta Medical Society.—The officers elected for 1901 were the following: President, T. Virgil Hubbard; vice-president, Bernard Wolff; secretary, Claude A. Smith; treasurer, E. Van Goidtsnoven. Dr. L. B. Clarke was elected one of the Executive Committee to fill the vacancy created by the expiration of Dr. R. R. Kime's term.

The Manhattan Dermatological Society of New York City.—A society with this name was recently organized. The officers for the first year are: President, Dr. William S. Gottheil; vice-president, Dr. Ludwig Weiss; secretary, Dr. Jacob Sobel.

College of Physicians.—At a meeting of the College of Physicians of Philadelphia the following were elected officers: Dr. W. W. Keen, president; Dr. H. C. Wood, vice-president; Dr. William F. Norris, Dr. R. A. Cleemann, Dr. Arthur V. Meigs, and Dr. S.

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Weir Mitchell, censors; Dr. Thomas R. Nelson, secretary; Dr. Richard H. Harte, treasurer; Dr. Frederick A. Taggart and Dr. Elliston J. Morris, councilors.

Scribner's Magazine. — Scribner's Magazine for February begins a new series of reminiscences of theatrical life. "The Stage Reminiscences of Mrs. Gilbert," which are here begun, are full of vivacity, incident, and entertaining recollections of great actors of the past half-century. These reminiscences, which will run through three numbers of the magazine, are exact transcripts of the conversations with her friend, Mrs. Charlotte M. Martin. Thomas F. Millard, the war correspondent, sends from China a remarkable summary of the international conditions prevailing there, and a very shrewd analysis of the part played by the various armies and the representatives of their governments. Mr. Millard is the first man to make a proper allowance in his writing for the very biased statements of the "foreign resident" in China.

Henry Norman, M.P., in his fourth Russian article, describes the region of Central Asia opened up by the Transcaspian Railway. This is in striking contrast with the country opened up by the Siberian Railway. It traverses the romantic region of Turkestan, going through such strange cities as Merv, Bokhara, and Samarkand. Mr. Norman's account of the picturesque people and their unusual industries furnishes one of the most dramatic chapters in his exposition of present conditions in a country that is little known. The description of "Modern Athens" is completed by George Horton, recently United States Consul there, who gives an intimate account of housekeeping in Athens, with details of the life of the streets and the *cafés*.

In short fiction this number contains a story by Edith Wharton entitled: "The Angel at the Grave." The second "Raffles" story by E. W. Hornung describes the theft of a valuable antique from the British Museum (illustrated by Yohn); Arthur Colton tells the tale of a group of boys in a Connecticut town with something of the charm of Kenneth Graham's idyls of childhood. Under the title of "The Sense of Nonsense" Carolyn Wells writes on the verses of that group of poets of which Lewis Carroll, W. S. Gilbert, and Lear are the best-known examples. There are poems by George Cabot Lodge, Joseph Russell Taylor, and others.

Almost every part of the globe is represented in Scribner's Magazine for March, and in every case by some well-known writer who has actually visited the country which he describes. Richard Harding Davis leads the number with an account of a journey "Along the East Coast of Africa," stopping at those strange, half-barbaric, and half-civilized ports that mark the fringe of progress in Africa. From Lorenzo Marquez to Tanga Mr. Davis found it one of the most entertaining journeys that he has ever taken, each town representing a new phase in the great international problem of the conquest of Africa. The article is full of delightful character sketches of the restless men who are taking part in the beginnings of Empires and States.

Thomas F. Millard, whose previous articles have attracted so much attention, contributes to this number a concluding article on "The Settlement in China." Mr. Millard points out the play of selfish interests which has dominated the situation in China. In conclusion he points out that America has, by her conservatism, won the regard of the leaders among the Chinese, and that a perseverance in our present attitude will result in greatly furthering our own interests as well as the interests of China.

Henry Norman's Russian article in this number deals with the personality and the achievements of the greatest administrator in Russia, the famous Minister of Finance. M. de Witte. This remarkable man has reached supreme influence with the czar. He is a lover of peace and a master of modern commercial questions. Allied to all these articles which show the political

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changes is an illuminating paper on "The Transformation of the Map (1825-1900)," by Joseph Sohn.

One of the strongest factors in our own development is written of by Arthur Henry, who has studied the immigrants as they land in this country. He takes a very optimistic view of their value as future citizens.

Mrs. Gilbert's "Stage Reminiscences" have reached her connection with Daly's company, and recall many incidents in the career of that remarkable manager, from the days of his first New York venture in 1869 down to the departure of his company on their first European trip. In fiction there is another "Raffles" story by Hornung. The adventure this time takes place in Italy, and is most romantic. A few months ago a story in this magazine entitled "The Green Pigs" called attention to a new humorous writer. This issue contains another story by the same author, Mr. Sydney Herman Preston. It is entitled "Our Two Uncles," and is a laughable farce. Frederick Palmer writes a story turning on army-life in the Philippines. Brander Matthews contributes an essay on "The English Language in America," and Alexandre Sandier, Art Director at the Sèvres manufactory near Paris, writes of its work as applied to architectural decoration.

Memorial Hospital.—Dr. Cephas L. Bard, of Ventura, and his brother, United States Senator Thomas R. Bard, will erect in Ventura, California, a large and perfectly-equipped memorial hospital to their mother, Elizabeth Bard.

Presentation.—The library of the late Dr. John H. Murphy, of St. Paul, Minn., has been presented to the Ramsey County Medical Association by his widow.

Minnesota State Board of Health.—The State Board of Health elected the following officers: Dr. Franklin Staples, Winona, president; Dr. Henry Hutchinson, St. Paul, vice-president; and Dr. Henry M. Bracken, Minneapolis, secretary and executive officer.

Maryland Hospital for the Insane.—Dr. R. P. Winterode has been appointed pathologist at the Maryland Hospital for the Insane, Catonsville, to succeed Dr. Cornelius Deweese, recently resigned to accept a similar position at the Government Hospital, Washington, D. C.

Faculty Changes.—The Medical College of Virginia has appointed Dr. Ennion G. Williams Professor of Pathology and Bacteriology, *vice* Dr. Ernest C. Levy, resigned; and Dr. B. Lawrence Taliaferro, assistant to the chair; Dr. Greer Baughman, who has just returned after three years' study in Vienna, Demonstrator of Physiology, and Mr. E. D. Starke, Prosector in Anatomy. In the University College of Medicine, Dr. J. Allison Hodges has been chosen president to succeed the late Dr. Hunter McGuire, and Dr. E. G. Hill, Adjunct Professor of Chemistry.

Drake University. — The Iowa College of Physicians and Surgeons, Des Moines, has been formally transferred to Drake University.

American Monthly Review of Reviews.—In the editorial comment on current affairs in the February Review of Reviews the death of Queen Victoria and the accession of King Edward, as the overshadowing events of the past month, demand first place. The editor analyzes the remarkable influence of Victoria as a sovereign, reviews her long and splendid reign, and points out the elements of strength and stability in the monarchy as it will be administered by Edward VII. "The Progress of the World" includes in its survey of current history many developments of the past month in national and international politics,—the return of Lord Roberts to England, Lord Kitchener's arduous campaign in pursuit of De Wet, the Prussian bicentenary celebrations, the great debate in the French Parliament on the regulation of the religious

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orders, the negotiations in China, congressional reapportionment in the United States, the January elections of United States Senators, the ship-subsidy and river and harbor bills, army reorganization, the West Point overhauling, the disposition of the French rights off the shores of Newfoundland, our negotiations with Denmark for the Danish West Indies, and the arguments in the Supreme Court on Porto Rican citizenship.

In view of the birthday anniversaries of Washington and Lincoln, both occurring in the month of February, the Review of Reviews contains an interesting comparative study of these two eminent Americans by Mr. Lyman P. Powell. As an additional contribution to Lincolniana, Mr. George F. Parker suggests a possible origin of the famous phrase in the Gettysburg address, "of the people, by the people, and for the people." He shows that Thomas Cooper, in a book about America, published as early as 1795, made use of the expression, "government of the people and for the people."

The Rev. Dr. Frank W. Gunsaulus contributes a character-sketch of the late Philip D. Armour, of Chicago, with whom Dr. Gunsaulus was intimately associated for many years in the work of planning and equipping the Armour Institute. Apropos of the twentieth anniversary of the Christian Endeavor Society, Mr. Amos R. Wells, of the Christian-Endeavor World, summarizes the wonderful progress of that movement for the readers of the Review of Reviews. The organization, in these two decades, has grown from 1 society to 60,000, and from 40 members to nearly 4,000,000, reaching into every corner of the globe.

Besides editorial comment on the subject, the February Review of Reviews has three important contributed articles on the Frye shipping bill; Mr. Winthrop L. Marvin states the merits and advantages of the measure, while the Hon. John De Witt Warner, for the Reform Club, and Mr. William F. King, for the Merchant's Association, of New York City, set forth the objections urged by those organizations. The three papers sum up the pros and cons of the matter succinctly and forcibly. "Decorative Sculpture at the Pan-American Exposition" is the subject of an illustrated article by Mr. Edward Hale Brush. In a paper on "The South and the Pension Bureau" Mr. Thomas A. Broadus, an official of the bureau, brings out many interesting facts regarding the payment of pensions south of Mason and Dixon's line. In connection with a brief discussion of the question of Japanese immigration, the editor publishes a personal letter of an eminent Japanese scholar, Mr. Mitsukuri, to President David Starr Jordan, of Stanford University, on the relations between the two countries.

Dr. Knapp's Gift to the New York Ophthalmic and Aural Institute.—This institution, which has been in existence since 1869, has been presented by Dr. Herman Knapp with the freehold of the buildings at present occupied by it, namely, Nos. 44 and 46 East Twelfth Street, a little over a hundred feet west of Broadway. The two buildings have been remodeled to serve the needs of the institution.

To Succeed Dr. Hunter McGuire.—Dr. J. Allison Hodges, formerly of North Carolina, and for several years past Professor of Nervous Diseases in the University College of Medicine, Richmond, Va., has been elected to the presidency of the college, to succeed the late Dr. Hunter McGuire.

Dr. R. M. Funkhouser. — Dr. Robert M. Funkhouser, presiding officer of the St. Louis Medical Society, has been elected coroner of St. Louis. Dr. Funkhouser polled a large vote and received the hearty support of members of the profession, regardless of party lines.

A Gift to a Chicago College.—Dr. John Kost, a physician of Adrian, Mich., who has several times made liberal donations to educational institutions, has given to the College of Medicine and Surgery of Chicago a

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museum of zoölogical specimens, valued at $150,000.

New Hospital at Youngstown.—Youngstown, Ohio, is to have a new hospital, to cost from $150,000 to $200,000, the entire cost being defrayed by Myron C. Wick and his family.

Dr. William Browning. — Dr. William Browning has been appointed Consulting Neurologist to the Long Island State Hospital, Flatbush.

Pan-Hellenic Congress of Medicine.—The Medical Society of Athens is organizing a "Pan-Hellenic Congress of Medicine" to take place in Athens next May. Foreigners will be welcomed as members of the Congress. The address of the secretary is M. Mangakis, 85, rue de l'Université, Athens.

Biological Laboratories of Parke, Davis & Company. — Referring to the work of scientific investigation carried on in their laboratories, Parke, Davis & Company state that "among those who have been attracted by our facilities is the well-known bacteriologist and pathologist of Philadelphia, Prof. Joseph McFarland, M.D.: a recognized writer, teacher, and authority on bacteriology. He has also acquired a valuable experience in practical manufacturing and executive work, whence he is now glad to escape, that he may devote himself to purely scientific research in his favorite field. The responsible Directors of our Biological Department will, of course, continue to be Charles T. McClintock, A.M., M.D., Ph.D., and E. M. Houghton, Ph.C., M.D."

Movements of the Mouth and Pharynx in Insufficiency of the Aortic Valves.—Hermann Schlesinger had his attention called to this symptom in which there were pulsations in the mucous membrane of the mouth and naso-pharynx synchronous with the action of the heart. This symptom has been studied by others; Muller, in 1889, noted pulsation in the mouth and pharynx in a case of aortic insufficiency. The same has been confirmed by Huchard, Litten, André, Pettit, and Gerhardt. The marked case which he saw led to his study of the same condition in some forty cases of aortic insufficiency. Pulsation was only noted in a few of the cases. To obtain the symptom, the patient must breathe quietly through the mouth; the posterior wall of the pharynx must be in full view, and this must be accomplished without mechanical depression of the tongue, as this interferes with these peculiar appearances. Very marked pulsation in these parts is only noted in cases in which it is also apparent in other parts of the body, and often the tonsils and base of the tongue take part in the same movement. In ten of the cases the base of the tongue was noted distinctly to rise and fall with each pulsation of the heart. An infrequent symptom is a coincident narrowing of the pharynx and oral cavities. The latter is brought about by a swelling of the tongue. Such a marked appearance was only noted in four of the cases.—Medicine.

Harlem Hospital, New York.—Dr. John J. McGrath has been appointed attending surgeon to the Harlem Hospital.

Excessive Enteric Rash in Childhood.—A. Maude, of Westerham, reports a case, with illustration, of typhoid fever, where the spots numbered as many hundreds as usually units, and were spread over abdomen, chest, back, neck, thighs, and arms, cheek, forehead, and even the mucous membrane of the lips.—St. Louis Medical Review.

Dr. Thomas Leland.—Dr. Thomas B. W. Leland, of San Francisco, has been appointed coroner of the city and county of San Francisco, *vice* Dr. R. Beverly Cole, deceased.

Dr. Henry Batte.—Dr. Henry T. Batte, of Norfolk, Va., has been appointed city coroner of Norfolk, to succeed Dr. Robert S. Spillman, who has accepted a contract as acting assistant-surgeon in the army.

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Memorial Bust.—The bust of the Brussels otologist, C. Delstanche, has been unveiled in the otological clinic of which he was the founder.

Dr. H. N. Vineberg. — Dr. Hiram N. Vineberg has been appointed adjunct attending gynæcologist to the Mount Sinai Hospital, New York City.

Judge Wiltbank — An Explanation and Defense of His Reported Recent Ruling.— Judge Wiltbank has been misunderstood and, therefore, unjustly criticised for an alleged ruling in a case wherein the Commonwealth of Pennsylvania was prosecuting a man charged with a crime.

It appears that a Dr. Moore was subpœnaed as a necessary witness in the case, that he did not obey the summons, and, what is especially to be noted, that he failed to send notice to the court that he would be professionally detained from appearing at the time fixed for the hearing of the case.

When Dr. Moore did appear he was primarily in contempt because he did not obey the summons to him of the commonwealth, lawfully issued by the court. The fact that he was a physician raised no presumption either of law or of fact in his favor, because his absence might have been for no reasonable or excusable cause; therefore he was properly called upon by the court to purge himself from contempt; in other words, to show cause why he should not be punished for disobeying the writ of subpœna. His answer was that he had been detained by a call upon a sick patient.

It is stated that Judge Wiltbank replied to the doctor in effect that the first duty of a doctor was to the commonwealth: that doctors must not be guilty of contempt of the commonwealth even if, by obeying its orders, the patient should die.

This statement of the law has been complained of in the newspapers as being extreme and unsound. Whether the remarks attributed to the judge were made by him or not, they nevertheless correctly state the law as it has been held by courts time out of mind.

From the earliest foundation of organized government to the present day the recognized principle of law has been that the rights, the property, and even the life of the individual must give way to the public good, and that the writs and processes of the government must be obeyed, even at the risk of life.

The experience of courts and lawyers with witnesses is that the rule, as it is alleged to have been stated by the judge, is primarily essential to the proper conduct of the business of the courts. Its application rests in the sound discretion of the court, and has always been so exercised, as was, in fact, done in the case in point. Applying this principle to Dr. Moore, he was in contempt of court without excuse, for he had sent no notice to the court nor did he show his inability to send notice.

He kept the trial of a case in suspense, which might have been avoided by proper notice that he was professionally detained, which is usual for physicians to do under like circumstances. But, while the rule of law is as above stated, equity is defined to be "the correction of that wherein the law, by reason of its universality, is deficient," and hence its application rests in the sound discretion of the courts.

Judge Wiltbank, in dealing with Dr. Moore, after a full hearing and satisfactory proof, applied the equitable rule and remitted the fine. The court—in law, because of the contempt of Dr. Moore; in equity, because of the palpable neglect of the doctor to send notice of his detention —could have justly refused to remit the small fine imposed. Judge Wiltbank, as befits the dignity of his office, and his high character as a man and as a judge, has wisely refrained from discussing the attacks upon him for the position he took at the hearing of Dr. Moore. This appears

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to have been misstated, and, therefore, he is misunderstood by the public, as the above statement will show. In criticising a judge of the courts it is wise to state all the facts.

As *amicus curiæ*, I sign myself,

DAVID JAY MYERS,
Attorney at Law.

Rooms 606-607, Hale Building, Philadelphia, March 1, 1901.

The Saturday-Evening Post.—In recent numbers of this estimable journal we find much interesting reading matter. Gen. Charles King, known as a favorite writer upon military life, contributes an article upon West Point as it was and is. The distinguished author describes life in the military academy, and throws light upon the subject of hazing, of which so much has been heard of late. Mr. Henry B. F. Macfarland tells of the beauties and necessities of the capital of the nation. Major Watrous relates some incidents of General Grant's career during the war with Mexico, and Hon. Thomas B. Reed, in an article on "Orators and Oratory To-day," maintains that the spoken word has its power to-day as in the former periods of the world's history.

Progressive Euchre and Dance.—On the evening of February 15th a progressive euchre and dance was given by the junior class of the Medico-Chirurgical College, Department of Dentistry, in the New Dental Hall. The patronesses of the occasion were: Mrs. Robert H. Nones, Mrs. Seneca Egbert, Mrs. Walter H. Neall, Mrs. William L. Rodman, Mrs. L. Webster Fox, Mrs. John C. Heisler, Mrs. John V. Shoemaker, Mrs. Joseph McFarland, Mrs. George W. Cupit, Mrs. Isaac Ott, Mrs. W. Easterly Ashton, Mrs. George H. Meeker, Mrs. Thomas J. Clemens.

Annual Meeting of the Association of Medical Officers of the Army and Navy of the Confederacy.—The annual meeting of this association will be held in Memphis, Tenn., in connection with the annual reunion of the United Confederate Veterans, May 28th-30th, prox. The Committee of Arrangements have sent out the following circular letter:—

MEMPHIS, TENN., March 1, 1901.

Dear Doctor: The Association of Medical Officers of the Army and Navy of the Confederacy will convene in Memphis, Tenn., May 28-30, 1901, during the meeting of the Confederate Reunion. All Surgeons, Assistant Surgeons, Acting Assistant Surgeons, or Contract Physicians and Hospital Stewards, in the Army and Navy of the Confederate States; and all regular physicians who served honorably in any capacity in the Confederate States Army and Navy, and all regular physicians who are sons of Confederate Veterans, are eligible to membership.

You are cordially invited to attend said meeting and contribute reports of important cases coming under your observation, and any reminiscences worthy of preservation connected with your service in the Army or Navy of the Confederacy. If you desire to become a member of the association, and expect to attend the meeting next May, please fill out the inclosed blank and return the same to the secretary at once, in order that your name may appear on the roll.

Respectfully,

A. L. ELCAN, M.D., Secretary,
Southern Express Building,
Memphis, Tenn.

G. B. MALONE, M.D., Chairman,
281 Main Street, Memphis,
Tenn.

The inclosed blank mentioned contains space for name in full; time and place of enlistment; rank at time of enlistment; rank at close of war; character of service—army or navy; when and where surrendered; present address, and remarks. Any further information desired will be most cheerfully furnished by Drs. Malone or El-

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can, of Memphis, or Dr. Deering J. Roberts, secretary of the association, of Nashville, Tenn.

A recent visit to Memphis elicited the fact that nothing will be left undone to provide for the comfort, enjoyment, and pleasure of the survivors of the late war between the States. Every man, woman, and child in Memphis is very enthusiastic and thoroughly aroused, with a full determination that the occasion shall be both eventful and momentous to everyone who may be so fortunate as to attend. The doctors of Memphis will see that their end of the line is fully kept up; and, with a uniform railroad-rate of one cent per mile over all Southern and Southeastern roads, the attendance should surely be a feature of the occasion.

Gleason's Operation for Deviation of the Nasal Septum.—In his excellent work upon "Diseases of the Nose," Dr. Garel, of Paris, writes: "As we do not wish to be charged with absolute exclusivism, we shall describe the method of Asch and of Gleason, for these are the two surgeons who have done the most to simplify the operation for deviation of the septum."

Western Ophthalmological and Oto-laryngological Association. — The Western Ophthalmological and Oto-laryngological Association will meet in its next annual session in Cincinnati, Ohio, April 11th and 12th. A fine program has been arranged, and the medical profession are cordially invited to attend the sessions. Dr. C. R. Holmes, of Cincinnati, is chairman of the Local Committee of Arrangements. Dr. M. A. Goldstein, of St. Louis, is the president, and Dr. W. L. Ballenger, of Chicago, is the secretary.

Prize-essay of the Dangers from Quackery.—The Colorado State Medical Society offers a prize of $25.00 for the best essay, if deemed worthy of the prize, pointing out the dangers to public health and morals, especially to young persons, from quackery as promulgated by public advertisements. The competition is open to all. Essays must be typewritten in the English language, and submitted before May 15, 1901. Each essay must be designated by a motto; and accompanied by a sealed envelope, bearing the same motto, and inclosing the name and address of the author. The essay receiving the prize will become the property of the society for publication. Others will be returned on application. Essays should be sent to the Literary Committee, Room 315, McPhee Building, Denver, Colorado.

Pan-American Exposition.—Cold weather has not prevented rapid progress in the work of building for the Pan-American Exposition. Each day witnesses a wonderful stride in the preparations for the great show. Director-of-Works Carlton states that all the construction-work will be completed before the time for the opening of the gates: May 1st.

Work on the Art-gallery is well advanced. The red steel uprights of the Ordnance-Exhibit Building are rearing, and a considerable force of men is rapidly bolting the steel frame-work together. The monumental bridge, too, is a scene of activity. A large number of carpenters are busily engaged in putting up the four big pylons for the mounted standard-bearers, and as each pylon is over 100 feet in height, the task is one of considerable proportions. Each of the sculptures is to be 42 feet high.

With the exception of a few finishing touches to the west entrance, the color-scheme of the Agricultural Building has been entirely finished, and the staging is being removed from the structure. One group of fighting eagles has been placed in position on the guard-house on the east side of the approach to the forecourt. Superintendent Beil has also placed a number of the animal figures on the various bridges about the grounds. Fire Station No. 3, near the Propylæa, has been so far completed that it is practically ready for

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the installation of apparatus. The Electrical Fountain, which is to be the feature of North Bay during the Exposition, has been begun.

The Supplies Department of the Exposition has placed an order for about 2000 seats for the Temple of Music. Five thousand settees, each to seat four persons, have been ordered for the open areas. Walter Lowney, the chocolate manufacturer of Boston, has contracted for the construction of one of the handsomest of the small buildings at the Pan-American Exposition. The structure will cover ground 40 x 40 feet, and be constructed upon pagoda-like principles, the cost to be $15,000. The National Glass Company has contracted for the construction of a glass plant upon the Exposition grounds. The building will be 60 feet wide by 200 feet in length, to contain exhibitions of the art of manufacturing glassware, expert workmen being employed upon the work in all its phases.

Obituary.—*Dr. Beverly Cole.*—We were grieved to learn of the death of Dr. Beverly Cole, of San Francisco. Dr. Cole had passed his seventy-first year. He was a native of Virginia, obtained his academic education in Newark, Del., and began the study of medicine in Lexington, Ky., under the preceptorship of Prof. Benjamin Dudley, whence he repaired to Philadelphia and graduated at Jefferson Medical College. After studying abroad he returned to this city, married into the Bonnafon family, and practiced medicine here for three years, removing then to California, which had ever since been his home. Dr. Cole has long been prominent in the profession of the Pacific coast, was Professor of Obstetrics and Gynæcology in the University of California, and for many years was president of the faculty. Dr. Cole had for the last two years served as coroner of San Francisco.

Dr. John Baptiste Potter.—An eminent English obstetrician departed this life at the same time. Dr. Potter was ten years younger than Dr. Cole, a native of London, and for nearly thirty years was Professor of Obstetrics at the Westminster Hospital. Dr. Potter was held in the highest personal esteem by his professional colleagues and by his classes of students.

Professor Potain.—French medicine has sustained a loss in the sudden death of Professor Potain, who was an excellent teacher, a lucid writer, and a man much beloved by his friends, pupils, and patients.

Charles Wesley Purdy.—Dr. Purdy departed this life at his home in Chicago at a period of life when he might have naturally looked forward to many productive years. Dr. Purdy was a native of Canada, and had practiced for two years in Hastings, Ontario, before settling in Chicago. The deceased was a member of the faculty of the Chicago Post-graduate Medical School, and was an indefatigable worker in the chemical laboratory and at his desk. He had made a special study of diseases of the urinary organs and alterations of the urine. His work on "Uranalysis" is deservedly esteemed, has passed through a number of editions, and is upon the list of text-books of many of our best institutions.

Book Reviews.

International Clinics. A Quarterly of Clinical Lectures and Especially-Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose, and Throat, and other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U.S.A., with the Collaboration of John B. Murphy, M.D., of Chicago; Alexander D. Blackader, M.D., of Montreal; H. C. Wood, M.D., of Philadelphia; T. M. Rotch,

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M.D., of Boston; E. L. Landolt, M.D., of Paris; Thomas G. Morton, M.D., of Philadelphia; Charles H. Reed, M.D., of Philadelphia; J. W. Ballantyne, M.D., of Edinburgh; and John Harold, M.D., of London, with Regular Correspondents in Montreal, London, Paris, Leipzig, and Vienna. Volume IV. Tenth Series. Philadelphia: J. B. Lippincott, 1901.

The volume before us fully maintains the high standard of this valuable serial publication. The section on therapeutics contains an excellent paper on the indications and contra-indications for the use of digitalis in treating heart disease, by Professor A. Potain, of Paris. Dr. Douglas Graham, of Boston, contributes a suggestive article showing the value of massage in Raynaud's disease and other forms of gangrene. Dr. Graham is universally recognized as an authority on the subject of massage. An abstract from a clinical lecture by Prof. B. Grassi, of Rome, deals with the subject of mosquitoes and the prophylaxis of malaria: a matter which has inevitably elicited much interest. On genito-urinary diseases we are given a symposium by Alexander Renault, James Pedersen, Felix Guyon, A. H. Ohmann-Dumesnil, and Professor A. Fournier. In the department allotted to medicine James J. Walsh writes instructively of recent advances in diagnosis. Dr. Roland G. Curtin gives a short, but important, notice of his observations on the phlebitis of advanced phthisis: a complication which almost seems to have escaped recognition. John B. Deaver publishes a clinical lecture describing a number of interesting surgical cases. Professor Roncali, of Rome, has selected as his subject the most pressing question in surgical pathology of the present day: the etiology of cancer. He narrates the course of investigation in this field of inquiry, especially in regard to the most recent views advocated by San Felice and himself concerning the relation of blastomycetes to the occurrence of cancer. Dr. Henry W. Cattell includes an elaborate article by himself upon the etiology and morbid anatomy of various diseases, and this monograph alone would make the volume of exceptional importance. Other papers or lectures by eminent men will be appreciated by the readers.

Students' Edition. A Practical Treatise of Materia Medica and Therapeutics, with Special Reference to the Clinical Application of Drugs. By John V. Shoemaker, M.D., LL.D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College, of Philadelphia: Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, the American Academy of Medicine, the British Medical Association; Fellow of the Medical Society of London, etc. Fifth Edition. Thoroughly Revised. 6 1/4 x 9 1/2 inches. Pages vii-770. Extra Cloth, $4.00, net; Sheep, $4.75, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

In preparing the fifth edition of his well-known work Professor Shoemaker has acted wisely in recognizing the different needs of the student and the practitioner of medicine. Much matter which can profitably be introduced into text-books for the practitioner is a source of embarrassment to the undergraduate. It is essential, but quite enough for the purposes of the latter, to present the chief physical, physiological, and therapeutical actions of official drugs. After his entrance into practice he will find it necessary, in this, as other, departments, to fill out his scheme of knowledge by a study of the more recently introduced drugs, which have not yet been made official. Each physician, by his own observations, has a share, greater or less, as the case may be, in determining the clinical worth of new candidates for official favor.

The present volume is designed especially

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for the use of the undergraduate student. Its main features are those which have from the first rendered it a deserved favorite. The distinctive actions of the drugs upon the various organs and systems of the body are given in sufficient fullness without prolix repetition. The therapeutic applications of the different remedies are carefully indicated from the stand-point of general medicine. The first part of the volume is devoted to an excellent practical review of the subject of pharmacy in so far as it should be understood by the physician. The literature of the drugs considered in the work has been faithfully reviewed, and attention is called to any new methods of treatment or clinical applications of drugs which may have been suggested since the issue of the fourth edition.

For the above reasons this work can be cordially recommended as exceptionally adapted to the needs of the student.—H.

Therapeutics: its Principles and Practice. By Horatio C. Wood, M.D., LL.D. (Lafayette-Yale), Professor of Materia Medica and Therapeutics and Clinical Professor of Diseases of the Nervous System in the University of Pennsylvania, etc. Eleventh Edition. Remodeled and in Greater Part Rewritten by Horatio C. Wood and Horatio C. Wood, Jr., M.D., Demonstrator of Pharmacodynamics in the University of Pennsylvania. Philadelphia and London: J. B. Lippincott Company, 1900.

This work has been before the public for a quarter of a century, and its date of original issue coincided with the birth of a new epoch. Its leading principle has been the exposition of the physiological action of drugs, deducing their therapeutical employment from their natural properties. It is an elaborate presentation of the purely-scientific side of therapeutics. The book has steadily grown, and has been periodically revised or modified in accordance with the results of experimental investigations.

The eleventh edition is practically a new book. Many phases of the subject which required discussion or illustration twenty-five years ago are now universally accepted and can simply be stated as admitted facts. The elimination of such matter has afforded space for the introduction of knowledge acquired during recent years. By such means and a thorough revision of the text the work has been made a faithful representative of the present state of pharmacology and the authors' views regarding the employment of remedies in the treatment of disease. Other changes which enhance the worth of this edition are the adoption of a uniform plan in the arrangement of the descriptive matter and the use of a smaller type in introducing the less important facts and statements. The result of these and other modifications is to improve the work in many respects and allow room for new matter and new subjects.

This text-book, as a whole, is a faithful and scientific guide to the physiological action of the principal and most powerful agents of the Pharmacopœia. It is issued in the excellent style characteristic of the Lippincotts.

Obstetric and Gynæcologic Nursing. By E. P. Davis, A.M., M.D., Professor of Obstetrics in Jefferson Medical College and Philadelphia Polyclinic. A 12mo Volume of 402 Pages, Fully Illustrated. Philadelphia and London: W. B. Saunders & Company, 1901. Price, $1.75, net.

Without good nursing attendance much of a physician's skill is lost. Particularly in serious cases, and these occur not infrequently in the practice of obstetrics and gynæcology, does the practitioner need to be supported by the intelligent nurse. The present work is based upon a wide experience, and lays down directions in plain and easy language. His description of the nurse's duties during the progress of the cases in which she is engaged omits no essential detail. It is a work which can be studied with profit by all who are in training or occupation in this most useful and honorable calling.

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The American Year-book of Medicine and Surgery for 1901. A Yearly Digest of Scientific Progress and Authoritative Opinion in all Branches of Medicine and Surgery, Drawn from Journals, Monographs, and Text-books, of the Leading American and Foreign Authors and Investigators. Arranged with Critical Editorial Comments by Eminent American Specialists. In Two Volumes. Volume I, including General Medicine, Octavo, 681 Pages, Illustrated. Volume II, General Surgery, Octavo, 610 Pages, Illustrated. Philadelphia and London: W. B. Saunders & Company, 1901. Per Volume: Cloth, $3.00, net; Half-morocco, $3.75, net.

The division of this useful compilation into two volumes, treating of medicine and surgery, respectively, has been found to be so satisfactory that it has been continued. In the volume before us we find a condensed statement by experienced writers of additions to knowledge made during the last year. It contains sections devoted to general medicine, pædiatrics, pathology and bacteriology, nervous and mental diseases, diseases of the skin and syphilis, materia medica, experimental therapeutics and pharmacology, physiology, legal medicine, public hygiene and preventive medicine, and physiological chemistry. In reviewing these volumes one meets with guides to all the publications upon the subjects embraced in their pages, and the references to the original papers or memoirs will direct the student who desires to survey more completely the field and to acquaint himself with details. The work, therefore, serves an extremely useful purpose. It presents each year the gist of a large library. All the collaborators have prepared their respective parts with great care.

The surgical volume is divided into the following parts: General surgery, obstetrics, gynæcology, orthopædic surgery, ophthalmology, otology, diseases of the nose and larynx, and anatomy. The authorities who have superintended the survey of these fields of study are familiar with the subjects and the work. They have brought together from all sources those additions which promise to be of permanent value. It is a task of no mean proportions to glean through the literature of a year, scattered through so many periodicals and other publications, written in different languages, and from this mass of special literature to select that which represents permanent additions to our knowledge. The body of facts, moreover, requires to be condensed in such a fashion as to convey the facts divested of superfluous verbiage. In the two volumes of this series the gigantic work has been well accomplished by virtue of subdivision of labor and the skill of the collaborators.

Eclectic Manual No. 4. Diseases of the Eye, a Hand-book of Ophthalmic Practice for Students and Practitioners, in which Particular Attention is Given the Treatment of Diseases of the Eye by Eclectic Medication. By Kent O. Foltz, M.D., Professor of Ophthalmology, Otology, Rhinology, and Laryngology in the Eclectic Medical Institute, Cincinnati, etc. With 193 Illustrations and 4 Plates in Color and Chromolithographic Frontispiece. Cincinnati: The Scudder Brothers Company, 1900. Price, $2.50, net.

In this work of moderate size, well written, well printed, and well illustrated, we find concise descriptions of the various medical and surgical affections to which the eye and its adjuncts are liable. The gross lesions and symptoms, histo-pathology, and etiology are noted in accordance with the general principles of medical science. The association, in many instances, of ocular disease with disorder of the system at large, or with affections of comparatively unrelated organs, is a fact which should be universally recognized. In such cases recovery depends upon general as well as topical treatment. Writing in the interests of a certain school, the author naturally refers to their methods of "specific medication," but

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he by no means confines himself to those remedies. As an introduction to the study of diseases of the eye the volume will certainly prove of decided advantage, more particularly for the class for whom it is avowedly written.

CURRENT MEDICAL LITERATURE.

Yellow Fever; Its Nature and Cause. Eugene Wasdin, M.D., Washington, D. C.

Western Pennsylvania Medical College. Medical Department of the Western University of Pennsylvania, Pittsburgh, Pa.

Abrupt Onset in Typhoid Fever. By William Pepper, M.D., LL.D., and Alfred Stengel, M.D., of Philadelphia.

Some Auxiliaries to Climatic Treatment of Phthisis. By J. Edward Stubbert, M.D., Liberty, N. Y.

Albany Medical College. Register of Students, 1899-1900. Announcement for Session, 1900-1901.

College of Physicians and Surgeons of Baltimore, Md., 1900-1901.

Tenth Annual Announcement Southern Homœopathic Medical College, Baltimore, Md.

Report of a Case of Tumor of the Cerebellum, with Drainage of Fluid through the Nose. By G. W. McCaskey, A.M., M.D., Fort Wayne, Ind.

Cornell University Medical College in New York City. Announcement, 1900-1901.

Annual Announcement of the Medico-Chirurgical College, Kansas City, Mo., 1900-1901.

Recovery of Vision by an Iridectomy; With Removal of Lens-capsule and Lens-*débris* in a Case of Blindness of More than Thirteen Years' Duration. By Charles A. Oliver, A.M., M.D., Philadelphia.

Progress in Therapeutics, being the Address Delivered before the Philadelphia County Medical Society, March 14, 1900. By Solomon Solis-Cohen, A.M., M.D.

Nineteenth Annual Announcement of the New York Post-graduate Medical School and Hospital, University of the State of New York, for 1900-1901.

Detroit College of Medicine. Announcement for Session of 1900-1901.

Fifteenth Annual Report, Robert Packer Hospital, Sayre, Pa., 1900.

The Digestive Power of Pepsin. By Benjamin T. Fairchild, New York.

Laboratory Exercises in Pharmacology. By Torald Sollmann, M.D.

Medical Delusions. By George W. Guthrie, M.D., Wilkes-Barre.

Prosthesis of the Jaw at the Time of Operation. By M. H. Cryer, M.D., D.D.S., Professor of Oral Surgery, University of Pennsylvania.

The Bottini Operation for Hypertrophy of the Prostate: A Modification of its Technique. By Leon T. Ashcraft, A.M., M.D., Philadelphia.

Section on Diseases of Children. The Value of this Section's Work and How to Advance It. By Edwin Rosenthal, M.D., Philadelphia.

Proceedings and Addresses of the Fourth General Conference of the Health Officers in Michigan. Grand Rapids, Michigan, October 26 and 27, 1899.

A Contribution to the Study of Anastomosis of the Hollow Viscera—A Modified Murphy Button. By John S. Miller, A.M., M.D., Philadelphia.

The Restitution of the Blood-plasma Following Intravenous Saline Injections after Hæmorrhage. By A. E. Taylor, M.D., and C. H. Frazier, M.D.

Corneal Corpuscular Activity. By Joseph E. Willetts, M.D., Pittsburgh, Pa.

One Hundred and Forty-ninth Annual Report of the Board of Managers of the Pennsylvania Hospital. Fifth Mo. 1899 to Fifth Mo. 1900.

Spontaneous Rupture of the Uterus. By Walter V. Woods, M.D., Philadelphia.

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COMMERCIAL NEWS.

GRIP AND ITS TREATMENT.

By Ed. Gros, M.D.,
PARIS.

The observations of Barth, Parsons, and Ollivier seem to prove conclusively that this malady is contagious, notwithstanding the contrary opinion of such eminent men as Fürbringer, Leyden, and Nothnagel. While the rapid spread of the disease from one point of the globe to another is quite compatible with its contagious nature, it has been found that the disease never travels faster than the natural means of locomotion. Grip may then be called an epidemic and contagious disease of rapid diffusibility.

Fatal grip without complications is a scientific curiosity, and bacteriology has taught why. The first lesions seem to appear in the respiratory tract; they consist in a deep congestion of the whole mucous membrane; then appears a purulent exudation in which the very small coccobacillus discovered by Pfeiffer in 1892 is found. It is the smallest bacillus known, and cultures are with difficulty obtained.

Netter and most modern observers agree that the bacillus of Pfeiffer is but a surface germ, never or rarely penetrating deeper than the mucous membrane. The danger, therefore, lies not here, but in the dangerous associations which this microbe contracts. Pfeiffer's bacillus alone is most benign, but Pfeiffer's bacillus plus streptococcus or staphylococcus greatly enhances the virulence of each in particular. This is also true *in vitro*. Grassberger has found that it is much easier to cultivate the bacillus of Pfeiffer if the culture-medium already contains the staphylococcus. It lives longer and becomes more virulent.

From this rapid study of grip, or influenza, several important factors guide us in the treatment. 1. Grip is due to a specific germ which makes its entrance by the respiratory tract and there sets up a primary inflammation. 2. The danger of grip lies not so much in the presence of the bacillus itself as in its frequent association with other microbes. 3. Even when not complicated, this disease is characterized by a general depression of the vital forces, the convalescence always having a tendency to prolong itself indefinitely. Our medication, therefore, should possess several qualities: it should be stimulating and at the same time exert an antiseptic action in the blood, and especially on the surface of the endoderm; lastly, it should exert an antifebrile action.

The solution of quinine glycerophosphate in benzoate of creasote and eucalyptol, formulated by Kügler, seems best to fulfill all these requirements. The difficulty of administering these remedies in one prescription makes the combination impractical, except when contained in a gelatin capsule. This is what has been done commercially in the preparation known as kügloids. Each kügloid of 20 centigrammes (about 4 minims) contains a non-caustic, chemically-pure solution of glycerophosphate of quinine, eucalyptol, and benzoate of creasote (from beech-wood tar), and unites in a portable and elegant form the action of these modern agents.

Dose.—In grip we pursue the following course: The patient is placed on an exclusive milk diet to flush out the kidneys, then administer a kügloid every hour the first day. The effect is almost marvelous, especially if the hourly dose of one kügloid is continued without interruption. It is rare that the fever is not definitely broken after twenty-four or forty-eight hours, and in most cases only from four to eight hours are required. Convalescence is rapid and complications hardly ever occur.

A Reliable Treatment for Chronic Bronchitis.

It is only within comparatively recent years that the medical profession has been

(Continued on Advertising Page 18.)

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FOR CURE OF GOUT AND RHEUMATISM.

FORMULA: Acidum Salicylicum; Resina Podophyllum; Quinia; Ext. Colchicum; Ext. Phytolacca; Capsicum. 60c. per 100.

PERISTALTIC.

(Trade Mark.)

Aloin..... ¼ gr. Ext. Bellad..... ⅛ gr.
Strychnia..... 1-60 gr. Ipecac..... 1-16 gr.
Dose—One to Two Pills.

PIL: SUMBUL COMP.

(Warner & Co.)

(Dr. GOODELL.) Each containing:
Ext. Sumbul..... 1 gr. Ferri Sulph. Exs..... 1 gr.
Asafœtida..... 2 grs. Ac. Arsenious.....1-40 gr.
Dose—One to Two Pills. $1.00 per 100

"I use this pill for Nervous and Hysterical Women, who need building up." It is used with great advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo Soda. One to two pills taken three times a day.

PIL. CASCARA CATHARTIC.

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℞
Cascarin, Ext. Bellad..... ⅛ gr.
Aloin..... ¼ gr. Strychnia..... 1-60 gr.
Podophyllin..... 1-6 gr. Gingerine..... ⅛ gr.
Dose—One to Two Pills. 60c. per 100.

Wm. R. Warner & Co.'s

TONO NERVINE TABLETS.

℞
Ext. Damiana..... 1 gr. Ext. Sumbul..... ½ gr.
Phosphorus..... 1-100 gr. Ferri Carb..... 1 gr.
Asafœtida..... ½ gr. Ext. Nux Vomica.....1-10 gr.
Dose—Two Tablets before meals for adults.

SUPERIOR TO PEPSIN OF THE HOG

INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 to 20 Grains.

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PRACTICAL RESULTS

In Infant and Invalid Feeding

"I have prescribed and used your

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for several years, with very great success. Many of my old patients would not be without it. I find it equally valuable in infants and invalids in advanced years. I use a cupful of it at times myself, when I feel exhausted from overwork." Dr. - - - - -, Philadelphia.

Samples and Clinical Reports Furnished Upon Application

SMITH, KLINE & FRENCH CO., Manufacturers, Philadelphia, Pa.

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able to assert positively that chronic bronchitis can be successfully treated without frequent discouraging recurrences of the attack. The key to the solution was found in the final proof that the determination and treatment of the cause was essential to complete relief. A permanent cure is questionable unless the primary cause is removed, and this may find its origin in tuberculosis, kidney trouble, disorders of the heart, or infiltration of the connective tissues of the lungs with air. Coupled with the necessity for a permanent cure is found the desire for a remedy that will accomplish the desired result quickly. In this latter respect advanced medical research has brought to light a contributing remedy that is of the utmost value. Codliver-oil has always been regarded highly by the profession in chronic bronchitis, but an obstacle was encountered by reason of the frequent tendency of the oil to upset the stomach and defy digestion. In Scott's emulsion this stumbling-block has been removed, and the approved treatment of chronic bronchitis can now be followed literally by reason of the ease and safety with which Scott's emulsion can be taken by the patient. There is an element of risk attached to the use of cheap and often unreliable emulsions of codliver-oil that physicians will do well to guard against. The tendency of such preparations to lose their value by the separation of the different ingredients and the frequent use of inferior hypophosphites and spices is sufficient reason for the careful practitioner to avoid them.

In using and prescribing Scott's emulsion there is no uncertainty as to the quality of the article, nor is there the slightest doubt relative to its efficacy or the uniformity of its preparation. Scott's emulsion has, moreover, the advantages of a food-medicine, being a direct contributor of nourishment to the blood and tissues during its treatment of chronic bronchitis.

Thiocol in Pulmonary Tuberculosis.

Prof. L. Maramaldi,[1] in speaking of thiocol, at the Tuberculosis Congress held at Naples in April, 1900, had this to say:—

It is the consensus of opinion among clinicians and therapeutists that creasote and its principal constituent, guaiacol, are efficacious remedies in the treatment of pulmonary tuberculosis. Unfortunately, however, we are often obliged to dispense with them on account of the unpleasant effects which they produce, such as nausea, vomiting, diarrhœa, anorexia, and other phenomena characteristic of intense gastro-intestinal irritation.

All the derivatives of creasote and guaiacol which chemistry has heretofore produced have failed to fulfill the expectations regarding them, because, while less irritating to the intestinal canal than the original drugs, they have the disadvantage of being insoluble in the ordinary solvents, are therefore but slightly absorbable, and a large part of them passes unchanged out of the system with the fæces. Thiocol, or potassium-guaiacol sulphonate, is an exception to this class, as it is very soluble in water and is easily absorbed by the stomach. As it has no odor and no disagreeable taste, it is well borne, even by the weakest stomach. It can, therefore, be said to possess all the therapeutic virtues of creasote without any of its disadvantages.

The author states that he was the first clinician in Italy to experiment with thiocol. He employed it in numerous cases of pulmonary tuberculosis in various stages, and in catarrhal affections of the respiratory tract. Under its influence there was an improvement, not only in the functional disturbances, but also in the physical symptoms. The temperature fell gradually until, in cases not too far advanced, it became normal. The cough became milder and less frequent, the expectoration diminished, changing in character from purulent

[1] Gazz. Internat. di Medic. Practica, Naples, April 30, 1900.

(Continued on Advertising Page 20.)

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Packer's

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS, PINE-TAR, AND GLYCERINE.

Tar Soap.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

BURN BRAE

A PRIVATE HOSPITAL FOR MENTAL AND NERVOUS DISEASES.

Founded by the Late Robert A. Given, M.D., in 1859.

Extensive and beautiful grounds. Perfect privacy.
Located a few miles west of Philadelphia.

Refers by permission to Drs. H. C. Wood, R. A. F. Penrose, J. M. Da Costa, Alfred Stillé, James Tyson, Charles K. Mills, William Pepper, William Osler, Wharton Sinkler, Thomas G. Morton, H. A. Hare, James Hendrie Lloyd, F. X. Dercum, Laurence Turnbull, W. W. Lassiter, Barton Cooke Hirst, John Ouchterlony.

Resident Physicians: J. WILLOUGHBY PHILLIPS, M.D. / S. A. MERCER GIVEN, M.D.

For full information, address, **BURN BRAE,**
Clifton Heights, Delaware Co., Pa.

TELEPHONE CONNECTION.

"It is a standard in my armamentarium."
CHARLES A. L. REED, M.D.

MAIZO-LITHIUM

LITHIC SOLVENT DIURETIC

Genito-Urinary Sedative.

Subdues Inflammation of Mucous Surfaces of Urinary Passages. Indicated in Cystitis and Urethritis, Acute or Chronic. Impedes Development of Gonococci.

The chemic union of Maizenic Acid—*from Green Corn Silk*—with Lithium, resulting in MAIZENATE LITHIUM. 2 grs. to drachm.
DOSE—1 to 2 drachms.

"Three Chlorides (HENRY) is my favorite formula."
G. FRANK LYDSTON, M.D.

HENRY'S THREE CHLORIDES.

(*Liq. Ferriconic Henry*)

A Potent Stimulant to the Glandular System. Promptly Reconstructive in Local or General Disturbances of Hard or Soft Tissue.

TONIC, ALTERATIVE, STOMACHIC.

Indicated in Anæmia, Chlorosis, Specific Invasions, and Convalescence.

Each fluidrachm contains:—
1-8 gr. Protochlor. Iron.
1-128 gr. Bichlor. Mercury.
1-280 gr. Chlor. Arsenic.
Calisaya Alkaloid Cordial.

"The formula of HENRY'S Tri-Iodides commends itself to the profession." A. M. OWEN, M.D.

HENRY'S TRI-IODIDES

(*Liq. Sub-Iodide Henry*)

Resolvent, Regenerant, Antiarthritic, Antirheumatic, Antisyphilitic. Excites Normal Lymphatic Energy, Hastens Waste Elimination, Encourages Resolution, Energizes Iodides and Salicylates.

Colchicine, 1-20 gr.; Decandria, 1-10 gr.; Solanin, 1-3 gr.; Sodium Salicylate, 10 grs.; Iodic Acid (equal to 7-32 gr. of Iodine), in 2 fluidrachms of Aromatic Cordial.

HENRY PHARMACAL CO.,
LOUISVILLE, KY.

CHOCOLATE-COATED TABLETS

HEROIN AND TERPIN HYDRATE.

Each Tablet contains Heroin, 1-24 gr.; and Terpin Hydrate, 2 grs.

ELIXIR OF HEROIN.

ELIXIR OF HEROIN AND TERPIN HYDRATE.

ELIXIR OF HEROIN AND TERPIN HYDRATE COMPOUND.

Contains Heroin, Terpin Hydrate, Refined Oil of Tar, Tinct. Lobelia, Tinct. Gelsemium.

The field of utility of Heroin comprises all diseases of the respiratory tract attended with cough and dyspnea. It is particularly valuable in the treatment of pulmonary and laryngeal tuberculosis, bronchitis, laryngitis, pneumonia, broncho-pneumonia, emphysema, asthma, hay fever, and whooping-cough.

The established value of Terpin Hydrate as an expectorant and alterative in the same class of diseases in which Heroin has been employed, especially chronic bronchitis, asthma, and emphysema, has induced us to offer the eligible combination of these drugs above indicated.

ROBT. T. YOUNG, Apothecary,
17th and Chestnut Sts., Philad'a.
SPECIFY YOUNG'S.

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to mucous; there was a marked decrease in the number of bacilli, and, if not too abundant, they disappeared entirely; the night-sweats disappeared, and the pains in the chest were decidedly mitigated. As the appetite improved, digestion became better, the bowels more regular, the general condition improved, and there was a notable increase both in strength and weight.

Although these beneficent effects are less pronounced in the third stage of the disease, yet the disappearance of every physical sign and the marked and permanent improvement in the general condition justify us in speaking of absolute cure in the first and second stages. Given in doses of from 15 to 45 grains per day, the author has never noticed any unpleasant by-effects nor any disturbance of the alimentary canal. On the contrary, he has seen many a case of obstinate diarrhœa succumb to the remedy when administered in this quantity.

The author states that his own observations, as well as those of numerous other clinicians, justify the conclusion that in thiocol pulmonary therapeutics has been enriched by an important and valuable acquisition.

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The Maltine Company has, during its existence of more than twenty-five years, consistently depended upon strictly ethical methods in building up its great business. It submits samples of its products to physicians, to enable them to satisfy themselves of their therapeutic value, issues clinical records made in the leading hospitals and by reputable physicians in private practice, and publishes dignified and effective advertisements in medical journals. All inquiries, requests for literature or samples from laymen are referred to local physicians.

Now, the company has taken another step, wise and far reaching, which will add still more to its prestige among the profession. It will, in future, not only refuse to supply the maltine preparations to department-stores, but will refuse to supply them to dealers who are known to sell them to department-stores. This not only emphasizes the fact that the maltine preparations are classed as standard ethical products, just as quinine, iodide of potassium, fluid extracts, etc., are, but will enable retail druggists to secure the legitimate profit which is clearly due them.

We trust that our readers will duly appreciate the importance of the Maltine Company's new policy, and continue to accord it that support which its honorable and consistent methods so richly deserve.

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The natural glycocholic acid in ingluvin is the active principle and the most efficient agent in the treatment of all stomachic and enteric disorders.

Ingluvin is extracted from the lining membrane of the gizzard of the species *Gallæ*. It is far superior to pepsin of the hog.

Ingluvin is fast superseding other remedies in indigestion, dyspepsia, cholera morbus, cholera infantum, and stomachic and enteric ailments. It is specific for nausea in pregnancy, alcoholism, seasickness, or from whatever cause.

Ingluvin causes absorption, increases peristaltic action, thereby removing accumulations from the mucous membrane. It allays inflammation, invigorates the debilitated organs, and assists nature to perform her proper functions.

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(Continued on Advertising Page 22.)

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so nicely when the disordered stomach demands the courtesy of appropriate treatment, if malnutrition and nervous exhaustion are to be overcome.

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hours until relieved. For marasmus, 5 grains every four hours. For vomiting of pregnancy, full doses of 20 grains should be given; administer first dose immediately upon rising in the morning. In all other forms of nausea from 10 to 20 grains until controlled.

Put up in ounces only. Powder and 5-grain tablets.—From the Medical Sentinel.

Eskay's Albumenized Food.

The home-modification of cows' milk is ably set forth by Dr. C. W. Townsend in the paper he read before the Obstetrical Society of Boston, April 16, 1900. Among the various points to which he refers he states that the addition of cereals to the milk is generally advisable, especially after the seventh month, and it is desirable before that age, in some cases, as an aid to the digestibility of the milk.

The doctor might have mentioned, in addition to this, that the necessary dilution of cows' milk by the ordinary methods employed reduces the proportion of lactalbumin below what is required for the infant. In making use of Eskay's food in modifying milk, not only is the use of cereals secured for diluting the casein, but the egg-albumin present brings up the proportion of lactalbumin to what is required for the infant's perfect nutrition.

The directions for preparing Eskay's food with cows' milk are so constructed that a mixture is obtained for the various ages of the child corresponding to the proportions of proteid matter, fat, sugar, carbohydrates, etc., that are needed at such ages. Of no less importance is the fact that Eskay's food is within the means of all classes.

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It is a matter of common observation that many cases of bronchitis will persist in spite of the continued, varied, and judicious use of expectorants. "The cough," says one prominent physician, "hangs on, harasses the patient with its frequency and severity, and is exceedingly liable to recur every winter—to become a regular 'winter cough'—with its sequelæ of emphysema, asthma, and, ultimately, dilatation of the right heart."

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As a foundation for rational therapy in gout and rheumatism it must be borne in mind that in these disturbances we have to deal with a faulty condition of metabolism as the underlying cause, and symptoms vary as to the tissue or organ affected; defective elimination is an important factor in both, the skin, digestive organs, and kidneys being at fault. These ultimate facts can be controlled by the mixed treatment suggested in the formula of triiodides (Henry), which contain all the constituents required as an eliminant.—Medical Essays.

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"In practice, home and hospital, Platt's chlorides has for long been my favorite disinfectant." — David F. Stuart, M.D., President of Houston Infirmary, Chief Surgeon of H. & T. C. R. R.., Houston, Texas.

(Continued on Advertising Page 24.)

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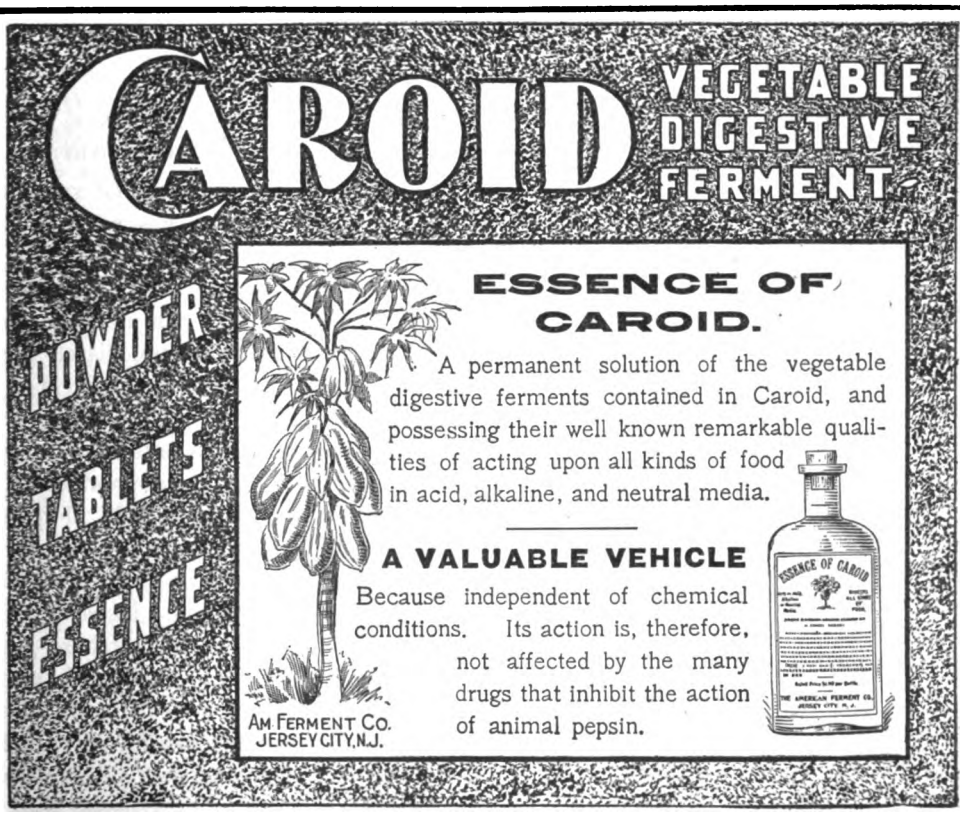
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Carbuncles.

Creel has relied on ecthol given internally, in doses of a teaspoonful, in cases of carbuncle, flaxseed poultices applied locally, emptying of pus, scraping out of dead tissue, and cleansing with peroxide of hydrogen; after this a topical application of ecthol on absorbent cotton every four to eight hours. The average duration of this treatment in his cases was ten days.—Journal of the American Medical Association.

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W. A. Baker, M.D., Clark's Mills, Pa., says: "I have had occasion to try celerina, and am highly pleased with the results. I have used it with marked success in nervous prostration. A lady, 64 years of age, of nervous temperament, was stricken down with congestion of the right lung. After the congestion disappeared her nervous system failed to recover, resulting in prostration. After trying several remedies, I commenced using celerina, and gave teaspoonful doses every six hours, with steady improvement, until restored to normal condition."

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Ext. belladonna, gr. $^1/_{32}$.
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Quin. bisulph., gr. i $^3/_4$.
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Among the many diseases and affections which call for such a combination, we might mention grip, influenza, coryza, coughs and colds, chills and fever, and malaria, with its general discomfort and great debility.

We would especially call attention to the wide use of this tablet in chronic or semichronic diseases.

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A preparation which has no value as a curative agent likewise has no sale; as a consequence it is not substituted. On the other hand, as soon as an article through merit finds favor with the medical profession, a host of imitators immediately spring up with the hope of securing business on the reputation made by the original preparation. At this time we wish to caution our readers that, in prescribing uterine wafers, Micajah's, the original, be specified. Don't simply specify "uterine wafers," but avoid disappointment in results by writing Micajah's medicated uterine wafers. In cases of leucorrhœa, endometritis, amenorrhœa, gonorrhœa, etc., Micajah's medicated uterine wafers are especially indicated. Their special form is a convenience for introduction and a decided advantage over other methods.

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THE

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Clinical Lecture.

SCABIES. — TINEA VERSICOLOR. — IMPETIGO CONTAGIOSA.[1]

BY J. V. SHOEMAKER, A.M., M.D., LL.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

CASE I. SCABIES.

GENTLEMEN: The first patient to whom I shall direct your attention is a strongly-built young man of 27 years, who is afflicted with an eruption upon nearly every part of the body. The disease began one week ago and he was first conscious of it upon his breast. Notwithstanding the universality of the lesions, the hands have been spared. The lesions are multiform. I find papules, vesicles, pustules, and crusts. That the disease is attended by atrocious itching is objectively demonstrated by the presence of linear tears of the skin, filled up with blood from the rupture of capillary vessels: *i.e.*, scratch-marks produced by the finger-nail. The patient confirms my observation by the statement that the itching is well-nigh intolerable, and that it is principally in the hope of obtaining relief from this distressing manifestation that he has come to the clinic. The itching troubles him more particularly at night. It keeps him long awake, and even rouses him from his slumbers. Naturally, this incessant digging with the finger-nail aggravates the other features of the malady.

Itching is a more or less prominent symptom of most diseases of the integument with the exception of those denotive of syphilis, although even in syphilis I meet, from time to time, with cases in which this symptom is pronounced. However, as a general rule, an eruption which does not itch arouses suspicion of a venereal origin. Furthermore, you may say to me that we have here lesions of different kinds, is this a polymorphous arrangement, and does it point us to syphilis? My answer is: no, for, although we perceive various lesions of the skin, yet they have not the color distinctive of syphilis; they do not represent different stages or eras of a chronic morbid progress, the cutaneous outbreaks of which are only symptomatic of constitutional implication. There has been no preceding primary sore or glandular involvements. In the present case the symptoms are purely local. The man was in rude health until one week ago, when he was suddenly attacked.

Severe itching is an accompaniment of eczema. The picture of disease here before our eyes does not, however, in the least resemble eczema. In the latter affection the lesions are congregated closely together upon a reddened base. In this case the lesions stand apart and exhibit no tendency to aggregation. Herpetic vesicles, although

[1] Delivered in the amphitheatre of the Medico-Chirurgical Hospital.

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larger than those of eczema, also occur in groups.

Paræsthesia causes intense itching, but in this nervous disease there is, primarily, no visible lesion. Subsequently, the irritation of scratching may produce scratch-marks, patches of erythema, and roughness, or other secondary changes, but these are, so to speak, accidental, and not characteristic.

When we associate its sudden development with the fact that the wife and child of this individual are similarly affected, we are led to suspect a parasitic origin. The aspect bears no resemblance to any of the vegetable parasitic disorders, neither are the latter attended by such violent itching. Our thoughts would, therefore, revert to the animal parasites of the skin, and our task will next be to distinguish between scabies and pediculosis: between the ravages produced by the itch-mite and the body-louse. This distinction is not usually difficult. By vigilant search lice can generally be detected upon the skin or in the clothing. A hæmorrhagic spot indicates to us where the sucker of the insect has been plunged into the integument. This is characteristic evidence of pediculosis. The itching and tingling occasion scratching, with its distinctive traits, and other lesions, such as papules and pustules, with crusts, may be present in pediculosis, some of the effects being analogous to those of scabies. Lice reside in the vestments, and only visit the skin in search of their aliment; the female itch-mite burrows its way through the horny layer of the cuticle in order to deposit its ova. When a brood is hatched the young parasites find their way to the surface, where they repeat the career of their parents. This burrow, or canal, is typical of scabies. There are certain favorite localities invaded by the parasite. Such are the clefts between the fingers, the penis, the axillæ, the buttocks, the abdomen, and the breast. In order to disseminate the disease it is necessary that representatives of each sex should be transferred from one individual to another, and this occurs through contact of various kinds. Scabies is more common in men than in women; it spreads through large collections of people, as among troops; and is not unknown among school-children. Very recently I witnessed a case acquired by a little girl of excellent parentage and surroundings. She had contracted it from a school-mate.

In the treatment of scabies we require a remedy or a combination which shall destroy the parasite and allay the inflammatory action which its presence had excited. It is necessary that in inaugurating the treatment we should have regard to the age and sex of the patient and the natural or acquired tenderness or coarseness of the skin. One of the most efficient parasiticides in this disease is sulphur, but it is less adapted, on account of its disagreeable odor, to private than to public practice. An agent which may profitably replace it in the class of cases and patients where sulphur is objectionable is betanaphthol. The two medicaments are often serviceably combined. I have frequently obtained excellent results from the use of olive-oil saturated with chlorine. Various combinations of sulphur have been recommended, such as sulphur iodide, potassium sulphide, or the sodium hyposulphite. Baths impregnated with potassium sulphide have been used with success. Preparations of tar, turpentine, creolin, creasote, carbolic acid, the mercurials, etc., are among the numerous other remedies which have been employed. Styrax and Peruvian balsam are both effective and pleasant. If a mercurial be chosen, it should not be applied to a very extensive surface for fear of causing systemic intoxication. After the parasites have been exterminated it is not infrequently requisite, owing to persistence of the secondary changes, to continue applications to the skin, either the same or modified in composition. In the present in-

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stance I will prescribe the following ointment:—

℞ Betanaphthol, ʒss.
Sulphuris sublimati, ʒj.
Olei eucalypti, ʒj.
Unguenti zinci oxidi benzoati, ʒj.
M. et ft. unguent.
Sig.: For external use.

The same ointment shall be used by the wife and child. If it cause any irritation in the case of the child it can easily be weakened by the addition of more zinc ointment, cold cream, or some other bland unguent.

No internal treatment is needed in such cases.

Case II. Tinea Versicolor.

Our second patient is a man of healthy appearance, who is 25 years of age, and who exhibits a large, fawn-colored, furfuraceous, and itching patch upon the back. It occupies both sides of the back, is outlined by well-marked borders, and is of approximately-square shape, running outward from about the first dorsal vertebræ to the tip of each shoulder and limited below by a border which extends from the lower part of the dorsal column. The abnormal color is almost uniform in distribution and shade.

In this brief description of the principal features I have given you a valuable clue to the diagnosis. The itching is particularly troublesome when the body is overheated. The patient's general health is not notably impaired. There is some nervousness, of which he is himself conscious, and which is objectively shown by an irritable and irregular heart. This nervousness may be partly due to his examination in this arena, but is chiefly occasioned by a morbid condition of the gastro-intestinal mucous membrane, as evidenced by a heavily-coated tongue. Moreover, he has experienced nervous sensations on other occasions.

There are three strongly-contrasted diseases which are accompanied by a brownish discoloration and which require to be differentiated from each other before we can institute appropriate treatment or frame a prognosis. One of these is chloasma, but, although the color of that disease may closely simulate that of the case now before us, yet there is no scaling in chloasma, and itching is not commonly present. A second malady which, as far as mere color is concerned, bears some resemblance to the case under discussion is Addison's disease. That grave and fatal affection has an altogether different clinical history. It is accompanied by excessive debility, with attacks of faintness, palpitation, and dyspnœa. Having eliminated two of the disorders, we are thrown back upon the third, and are able to identify the case with that strictly-local malady, due to the growth of a vegetable parasite, and which is called tinea versicolor, or chromophytosis. The organism which originates this disease has received the name of microsporon furfur. It consists of spores and mycelial threads which ramify in the horny layer and do not invade the rete mucosum. It does not attack the hair or nails, differing in this respect from the tricophyton fungus.

Tinea versicolor begins as small, yellowish or reddish spots, slightly elevated above the surface, of a roundish or oval contour. These spots vary in number and color. When abundant, they run together to constitute large patches of discoloration, as you see well exemplified in the present instance. The color may be of any shade, from light yellow to dark brown. Fawn is the color most commonly observed. The scales are always fine, but may be very scanty or quite abundant. Itching may be insignificant or considerable. The disease occurs in either sex and most generally between the twentieth and fortieth years of life.

The management of tinea versicolor presents no peculiar difficulties, and yet it is by no means so easy an affair as some writers seem to think. Ablutions of plain water should be prohibited, for the humble

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fungus thrives on this fluid as surely as higher members of the vegetable kingdom. Medicated lotions or baths may be used with advantage. Solutions of thymol, borax, or corrosive sublimate are efficient. Vinegar and water is recommended by some, while others give preference to sodium hyposulphite. The latter substance is also incorporated in baths with good effect. Corrosive-sublimate baths have likewise been employed. Applications of sulphurous acid will destroy the parasite. Ointments impregnated with most of the salts named are equally advocated. When the milder preparations are inefficient the strength may be increased or we may have recourse to the copper oleate, either made into an ointment or diluted with oleic acid. From 10 to 20 per cent. is the strength in which I have employed this excellent remedy.

In the present case we will begin the treatment with a milder combination, and, if, upon trial, it is found unable to destroy the fungus and eradicate the disease, we can have recourse to the copper oleate. As a rule, there is no internal medication required, although a certain number of cases occur in persons who are anæmic, tuberculous, or debilitated, and for these appropriate measures need to be taken.

Externally we will prescribe:—

℞ Hydrargyri chloridi corrosivi, gr. x.
Ammonii chloridi, gr. xv.
Aquæ hamamelidis destillat., ℥iv.

M. et ft. sol.

On account of the condition of his mucous membrane we will order him to take 10 drops of dilute hydrochloric acid, which will give tonicity to the glands, with $^1/_{40}$ grain of strychnine sulphate, in 2 drachms of glycerite of pepsin after each meal.

Case III. Impetigo Contagiosa.

An infant, 2 years of age, is brought to us suffering from an eruption upon the scalp. Lesions of the same character—*i.e.*, pustular—are also in existence upon the face in various regions, as the cheeks, around the mouth, and beneath the lower eyelids. The babe has been afflicted in this manner for about ten days, and an older child in the same family has had an eruption which the mother believes was of the same nature and I have no doubt that her opinion is perfectly correct. All the lesions are isolated and separated by tracts of healthy integument. The eruption began as small vesicles, which were soon transformed into pustules. No fever or other constitutional symptoms have existed except that, at the beginning of the outbreak, the child seemed slightly indisposed, or, as the mother expresses it, "droopy."

Pustules are attendants of a number of cutaneous and constitutional diseases. The history of some listlessness would apply to varicella, or chicken-pox, but the rash of that affection is vesicular throughout its course. Even the more benignant cases of small-pox are accompanied by more illness than this little girl has suffered; the rash evolves in an orderly, progressive, and characteristic manner, and the symptoms point to a systemic disorder. The pustules of eczema do not attain the size of those now under our eyes, they are situated upon an erythematous surface, and they are closely congregated. Those of ecthyma are larger, and usually situated upon the extremities. We are brought, by such a process of exclusion, to perceive that the malady can be none other than that which, on account of its transmissibility, we describe under the name of impetigo contagiosa. The lesions of that disease may or may not be surrounded by a slight areola. They are not generally numerous, and, although, as a rule, isolated, they occasionally coalesce and form patches. They may all come out at once or they may appear in successive groups. The favorite seats of impetigo contagiosa are the head, face, and upper limbs. In some cases adjacent lymphatic glands become swollen and tender. An attack commonly lasts from a week to ten days.

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Impetigo contagiosa most frequently attacks children whose nutrition is deficient, and occasionally assumes an epidemic type. For this reason it is necessary to place the patient under the best hygienic surroundings attainable and to invigorate the system by means of nutritious food and tonic medicines. For this child we shall order 10 drops of the syrup of ferrous iodide to be taken four times a day, and the dose shall be gradually increased to 20 drops. Externally, upon the face and scalp the following ointment shall be used:—

℞ Pulv. camphoræ, gr. v.
Creasoti, *m*v.
Sulphuris sublimati, ʒss.
Unguenti zinci oxidi benzoati, ʒj.
—M.

For the traces of the disease which remain on the eyelids:—

℞ Hydrargyri oxidi flav., gr. j.
Unguenti aquæ rosæ, ʒij.—M.

Crusts are removed by poultices or oil.

Original Communications.

CAROID IN MALDIGESTION OF INFANTS.

By Arthur W. Condict, M.D.,
DOVER, N. J.

A very considerable part of every busy family physician's practice consists of work in aiding the reformation of infants' perverse digestion. We have all run the gamut of prepared milk-foods, sterilized and condensed, predigested and lactated, in quest of something that would agree with this or that baby, particularly with this or that bottle-fed baby. We have all found that the infantile digestive apparatus is an exceedingly-delicate mechanism, requiring finest adjustment, and that, usually, each individual case offers a different problem to solve.

We have all learned, too, that an infant is not nourished by what it swallows, but only by that portion of its food which is digested and assimilated. A proper dietary, therefore, is one that is adapted to the infant's age, constitution, and digestive powers; so that, as far as possible, everything swallowed may be digested and absorbed. As one writer states: "Children differ as much in constitution as in feature, and it is impossible exactly to formulate a food that will be applicable to every case. As age and strength increase, there is a corresponding development of the gastro-intestinal functions, and a call for more and stronger food. On the other hand, should the system be reduced by disease, the digestion sympathizes in the general debility, loses somewhat of its power, and assumes that of an earlier age. In such cases the impaired strength must be sustained and increased by giving only such food as can be completely assimilated, and not by forcing down strong food merely because it is strong; for the latter, when not vomited, passes through the bowels undigested, and the little creature starves to death in the midst of plenty, or dies from the ill effects of the constant presence of fermenting food in the alimentary canal."

It is for the relief of the abnormal condition just described—*i.e.*, the presence of undigested and fermenting food—that we as physicians are most frequently called upon to prescribe, and in this day of high-pressure living and bottle-fed infants such cases are constantly before us. Hitherto it has been a questionable practice in these cases to furnish one of the innumerable predigested foods; but it has been the experience of the writer that, in the feeding of infants, food which is not entirely predigested, and which therefore stimulates the functional activity of the organs which furnish the digestive ferments, is preferable, as a rule, to food which is entirely predigested, and which therefore requires only absorption, provided that the digestive organs are not overtaxed, and the digestion

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is easy and complete. This statement is based on the fact that the healthy development of the infant requires the normal functional activity of all its organs, of those of the digestive system as well as of the other systems. There are certain natural functions that should be allowed to act as they do on human milk, and it seems irrational and contrary to the laws of physiology not to encourage all functions to act naturally, each in its own province, instead of forestalling their action and allowing them to fall into disuse and thus become weakened. Allowing a developed function to fall into disuse might be said to occur in predigesting albuminoids: *i.e.*, in digesting them outside of the body instead of inside.

Furthermore it is a well-established fact that the digestive juices have important preservative action. The chyme is a mass admirably adapted for putrefaction or fermentation, and such a mixture outside of the body, at the same temperature, would quickly decompose. Such decomposition, however, occurs in the alimentary tract of the infant only through some previous excesses or errors in diet which have resulted in a deficiency of the digestive secretions and therefore a proportionable loss of their antiseptic function. The problem, then, is not to supply food which has been artificially digested outside of the body, but to follow Nature's method and digest it inside of the body, aiding and encouraging the organs themselves to a natural performance of their duty.

To attain this object, all have felt the want of a digestive ferment that would act independently of its environment; one that would perform temporarily the part of the normal secretions in the various portions of the alimentary canal, not only aiding in the digestion of all classes of food, but acting enzymotically in checking fermentation and the development of the microbes causing enteric diseases. Pepsin, diastase, pancreatin, etc., though unorganized ferments of the nature required, have all been tried and found wanting in some essential quality, one being restricted in action to an acid medium, another to an alkaline; one digesting starches only, another only proteids. What has been needed, therefore, is a ferment possessing both amylolytic and proteolytic properties, and whose digestive action is not inhibited by its surroundings; in other words, an unconditioned ferment.

While the writer does not profess to know of an infallible agent of this character, yet he believes that the vegetable digestive ferment, caroid, obtained from the juices of the plant *Carica papaya*, will be found to answer the requirements of the case more nearly than any other unorganized ferment or enzyme yet discovered. Its general action upon proteids and starch, in acid, alkaline, or neutral media, and its striking action upon milk-casein, which it dissolves completely and converts into assimilable products in two or three hours, give it unusually wide scope, and a little experience marks it as something entirely new in the line of digestives, something more positive and certain than our previous experience with artificial digestives had warranted us to expect.

In its action upon milk the enzymotic power of caroid is exhibited in a very striking manner. Ordinarily, as is well known, the casein of cows' milk produces large and firm masses in the stomach: masses that the normal digestive ferments penetrate with such difficulty that they frequently cause indigestion in the infant, and appear in the stools in coagula of greater or less size. Acted upon by this ferment, however, cows' milk closely resembles human milk in appearance, its casein being so digested that it either is not at all precipitated by acids, or is precipitated, like that of human milk, in fine feathery flakes. When the process is continued, these flakes are subsequently disintegrated into the form of the soluble syntonin, and finally transformed into a true peptone, capable of diffusing itself through animal membrane.

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Like any other efficient remedial agent, caroid must be used intelligently and with discretion in order to obtain best results. There are, of course, some cases of infantile indigestion, in which, owing to the excessively-acid condition of the stomach, the milk is curdled and expelled so quickly that the ferment is given no chance to act upon it. In such cases it has been my custom to combine lime-water or some other alkali with the milk, and prescribe the ferment in solution (1 grain dissolved in sweetened water) immediately after feeding, or, better still, $^1/_2$ teaspoonful of the essence of caroid. The latter is a permanent and palatable solution of the ferment recently prepared by the American Ferment Company (the manufacturers of caroid) which I have found especially serviceable, and which, when properly indicated and applied, has not failed to relieve any cases of maldigestion, however severe or various the symptoms may have been. Another point in favor of the essence in these cases is the trouble saved in preparing the caroid powder itself for the babies, nurses being proverbially careless and inefficient in attending to such duties.

The following typical case of the more severe form of infantile maldigestion is cited here as an illustration of the superior value of caroid as a digestive agent in pædiatric practice:—

Howard Guest, aged 16 months, suffered from an acute attack of intestinal indigestion brought on by a too free indulgence in "mashed potato" at dinner. Classical symptoms of enterocolitis supervened: tympanites excessive; profuse, frequent fæcal discharges of undigested milk-curds, large and small, mixed with muco-purulent material,—greenish, fœtid, and acid. The fever, which ranged as high as 105°, at the onset, was controlled nicely by the abdominal ice-pack. Meningeal symptoms were also controlled by applying ice-cap to the cerebellum. The heart's action was sustained by strychnine and glonoin. Local treatment consisted in coating the intestinal tract with bismuth subgallate; thoroughly disinfecting and deodorizing discharges; daily use of intestinal irrigation with saline solutions per rectum, and oleum ricini, ʒij, *per orem*; while hydrargyrum bichloridi, $^1/_{200}$ grain, was administered every two hours.

The food, at the onset, consisted of Mellin's food with milk. The treatment was continued throughout three months, during which time various foods were, in turn, made use of, but had to be discarded; to wit, Mellin's, imperial granum, peptogenic milk-powder, malted milk, Allenbury's food, and Eskay's food. The various modifications of sterilized and pasteurized milk were also used at first, but each, in turn, had to be discontinued. We were finally forced to discard all milk-foods, and then resorted to the use of expressed juice of slightly-charred beefsteak, giving as high as 24 ounces of juice daily. The child's strength continued recuperating nicely with the meat-juice, for three weeks, but after that time it did not seem to satisfy him. An attempt was then made to use a modified milk, but immediately curds and mucus appeared in the fæces, with concomitant symptoms, and the effort had to be abandoned.

Finally, Eskay's food (the well-known albuminized milk-food), was again resorted to. But this time we added to each feeding (ten minutes prior to its administration), 1 grain of caroid powder, our object being not to entirely predigest the food (before giving), but simply to initiate the process and better enable the ferment to act locally on the gastric and intestinal linings in dissolving extraneous mucous formations. The child took the food greedily; and, though after several feedings a careful examination was made, the fæcal discharges failed to reveal any evidence of curds or even of acidity. The subsequent progress of the case was entirely satisfactory, no untoward symptoms arising at any time to

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interfere with a rapid convalescence and speedy return to health. Without the peptogenic and antiseptic action of the caroid in this case, and its stimulating effect upon the normal digestive secretions, I am satisfied that the child could not have been fed upon milk-foods; and that, as a result, scurvy would doubtless sooner or later have manifested itself.

A CASE OF SNEEZING.[1]

By Dr. Masse,

LA ROCHELLE, FRANCE.

The case of sneezing herein described appears to present a double interest on account of the duration of the manifestation and its frequency, lasting almost without remission from December, 1899, to July, 1900; and of the causes by which it was produced, as well as the mode of treatment by which it was relieved.

Although I saw the patient but once in the long period during which the sneezing continued and she was actually under my care but for a few weeks, it is not difficult to reconstruct the history from the information furnished to me by the family and the local physicians who had had charge of the case.

Miss X., 19 years of age, although not of strong constitution, had never suffered from any serious disease. She had had measles and scarlatina in her childhood, but these disorders were unattended by complications. She had begun to menstruate at the age of 13, and since that time the function had always been regular or nearly so. From time to time there had been some digestive derangement, for which she had been obliged to consult her physician. On these occasions she often complained of headache and facial neuralgia. She never had sore throat and rarely a cold in the head. Her mother was slightly rheumatic, but usually enjoyed good health. Her father was a robust farmer.

In October, 1899, she was afflicted with influenza, which exerted its power principally upon the stomach, the functions of which were disturbed. She lost appetite, and experienced violent pain in the epigastric region. A cough then set in, dry, frequent, superficial, not paroxysmal, and which, from what I could learn, did not seem to be caused by a concomitant bronchial catarrh.

About December 15th of the same year the cough ceased suddenly, and was replaced by sneezing, which commenced upon waking and stopped only when she went to sleep. The acts were generally repeated seven or eight times a minute, and sometimes more, especially after eating; they were preceded by prickling and tickling sensations in the nose. They were not followed by any serous discharge. The patient scarcely ever needed to use a handkerchief. Atmospheric conditions had no effect. She sneezed irrespective of heat or cold, sun or wind, whether out-of-doors or in the house. At length there was difficulty in breathing, and her face was reddened. In fine, the sneezing was not paroxysmal, but repeated, constant, and monotonous, suspended only during sleep.

She first consulted a neighboring physician, who attended her for several months, and gave her local treatment, consisting of antiseptic and astringent powders, together with nasal irrigations. Finally he prescribed, in turn, the whole series of known antispasmodic agents. This treatment, continued until the month of April, 1900. Failing to produce any amelioration, he brought the patient to me for consultation.

When I saw her the young girl was sneezing incessantly; she was thin, cyanosed, stooped, and her shoulder-blades were prominent. There was no hysterogenetic zone or hemianæsthesia, but rather a certain degree of hyperæsthesia.

[1] Translated for The Medical Bulletin from Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie, 2 Fevrier, 1901.

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I examined her in the presence of my colleague by means of anterior and posterior rhinoscopy. The entire extent of the nasal mucous membrane was hypertrophied, but exhibited no erosion or other lesion. There was no abnormal secretion. The turbinated bones were not hypertrophied. Upon the left side of the septum, at its anterior part, was a small crest of bone, but to this I attributed no importance, because of its insignificant size. The anterior portion of both middle turbinated bones, regarded as the true sternutatory zone, presented nothing particular. The mucous membrane of the nasal and buccal pharynx had the same aspect, the same congested condition, but without apparent lesion. There were no adenoid vegetations, but the tonsils were decidedly atrophied. There was nothing of moment in the larynx. I could detect with the stylet no anæsthetic region or specially painful spot in the nasal cavities.

At intervals I made several applications of cocaine, principally to the anterior part of the middle turbinals. During these applications the sneezing ceased, but afterward returned. At the same examination I made with the galvanic knife a series of cauterizations to the same locality. This operation, which was perhaps too superficial, was without result.

In the first interview the case was embarrassing, and it seemed impossible to pronounce upon the nature of this hyperexcitability of the nose. I, nevertheless, prescribed a local treatment consisting of applications of zinc-chloride solution, and especially the frequent use of a pomade containing boric acid and cocaine. I also advised a general tonic and antispasmodic treatment, and asked my colleague to send the patient back to me, and intimated that a more radical operation would, perhaps, be followed by better results.

Unfortunately the patient returned to her home in the country, where she remained without consulting a physician until the month of July, when she decided to come to La Rochelle and live with one of her aunts in order that she might be under regular treatment.

During these three months the sneezing had continued, and the general debility and flexion of the spinal column, which I had noticed at the time of her first visit, had greatly increased. The unfortunate girl was, in fact, cyanotic, much emaciated, very stoop-shouldered, her head and shoulders making nearly a right angle with the remainder of the body. She had no appetite, and suffered from sharp pain in the epigastric region. She was the victim of atonic and painful dyspepsia, with moderate dilatation of the stomach.

In view of the general decline I considered it more prudent to commence by building up her strength through appropriate diet and medication, and to endeavor to redress the vertebral column, upon which I discovered no deep lesion, by an orthopædic apparatus. I also ordered absolute repose until the corset had been applied.

Improvement resulted from these methods, and the gastric pain disappeared. The relative with whom she dwelt even noticed that the sneezing diminished in frequency. It continued, nevertheless, but ceased abruptly after application of the corset, twenty-two days subsequent to her arrival in La Rochelle. Since then it has not recurred, and the young girl is well.

This case of prolonged sneezing, of reflex hyperexcitability, without partial anæsthesia or well-marked hyperæsthesia, without appreciable lesions of the pituitary membrane or the nasal cavities, appears to me very interesting, but of difficult interpretation.

Under the circumstances I cannot regard it as symptomatic of any lesion of the nasal fossæ. The hyperæmia of the mucous membrane was rather an effect than a cause, and was induced by the respiratory need, the same condition being obviously manifested upon the face.

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Spasmodic rhinitis, or hay asthma, generally commences in May. It is characterized by an abundant flow from the nose, which excites sneezing in crisis or series. The disease, after a certain time, disappears completely, to return at the same period of the succeeding year. In this case there was no discharge, and the course was entirely different.

In patients of arthritic stock,—above all, the gouty,—fits of sneezing are not rare, but these individuals are specially predisposed to frequent congestions under the influence of the most trifling causes, and which exaggerate the reflex sensibility of the pituitary membrane. Such people are liable to paroxysms of coryza, with sneezing and turgescence of the mucous membrane, which may be so swollen as to obstruct the nasal fossæ. This congestion of the nose is often accompanied by serious rhinorrhœa.

Trousseau mentions attacks of asthma constituted exclusively by sneezing, supervening especially when the patients had been exposed to the sun or wind. My patient had certainly had a cough consecutive to the grippe, but, according to the physician by whom she was attended, this cough had none of the characters of asthma, the respiration was not troubled, and auscultation revealed the presence of no abnormal sound in the chest. It was a reflex act of neuropathic origin.

Congestive rhinitis with sneezing is occasionally observed as a reflex from the genitals, coming on in women particularly during the catamenia and in men after coitus. Such attacks are generally followed by a serous discharge, and only return when provoked by the same causes. This young woman had never suffered from any disorder of the genital functions, her menses were regular and totally without influence upon the frequency of the sneezing.[1]

[1] Moure, of Bordeaux, has informed me of a case of neuropathic sneezing in a young woman, occurring only when she looked at the sun or a white wall. She was cured by ablation of the mucous membrane of the anterior part of the middle turbinals.

Can we look upon the sneezing in this case as an hysterical phenomenon? Authors have described cases with such an origin, and I have myself seen several, among others one in the service of Charcot, at the Salpêtrière; but, as a rule, they are coincident with a veritable crisis, in consequence of cough, or associated with the globus hystericus, and always in notoriously-hysterical subjects. My patient presented no evidence of anæsthesia in relation either to general sensibility or the sensorial apparatus. There was no trouble of vision or hysterogenetic point. The only neuropathic manifestation was some hyperæsthesia of the pituitary membrane. Notwithstanding the absence of characteristic signs of this neurosis, I am unable to perceive any other pathological condition with which I can connect these sneezing fits.

The patient had had influenza, which, among young women and, above all, those who have hereditary nervous traits, favors the production of neuroses, especially hysteria and neurasthenia. In this case the grippe had caused gastro-intestinal disturbance, with intolerance of food, insufficient alimentation, and general enfeeblement. These morbid conditions were sufficient to develop in her a special nervous excitability, one of the first effects of which was the cough already mentioned: a cough which was superficial, dry, incessant, monotonous, and persisting all day long.

By reason of its monotony, obstinacy, cessation during sleep, absence of any lesion of the nasal cavities capable of explaining its origin, its beginning, and sudden termination, it seems to me logical to consider this sneezing as allied to the hysterical neurosis, of which it, and the cough by which it was preceded, are the first and only manifestations, the point of departure of which was a temporary hyperæsthesia and hyperexcitability of the respiratory mucous membrane.

The case has another curious side. I refer to the anterior flexion of the vertebral

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column without lesion of the bones: a curvature which began with the sneezing and was accentuated from day to day under the same influence. It would be difficult to explain the genesis of this rapid and pronounced curvature except by the repeated sternutatory acts continued during a long period.

HÆMORRHAGIC AFFECTIONS OF THE SKIN.

By George A. Hewitt, M.D.,
PHILADELPHIA.

A hæmorrhagic element enters into the symptomatology of a number of integumentary diseases. Not to mention contusions, ecchymoses, and other forms due to traumatism, extravasations may occur in connection with the exanthematous fevers, and in disorders more purely local, although in the latter there is usually, if not always, some functional or organic visceral affection, reflex disturbances, or autointoxication. In epidemics of measles, scarlatina, and variola, particularly when the proportion of malignant cases is high, we meet with cases of the so-called "black," or hæmorrhagic, variety of the eruption, where the extravasation is so extensive that the characteristic features of the eruption are much obscured, and differential diagnosis, merely from examination of the rash, is a matter of difficulty. The bullæ of pemphigus sometimes contain blood. In erythema nodosum there is an escape of blood into the nodules.

Apart from hæmophilia, which is not very common, and hæmatidrosis, or "bloody sweat," which is exceptional, purpura, in its several clinical varieties, is the exemplar of hæmorrhage into the substance of the skin. This is a malady which is not infrequently encountered by the general practitioner and family physician. The disease varies within wide limits as regards intensity and gravity. It is dependent upon a number of causes. Its essential and demonstrable lesion is an escape of blood into the substance of the skin, producing red spots. These spots will not disappear on pressure and are indelible for a certain lapse of time until, in the process of disintegration and absorption, it undergoes those changes of hue so familiar to everyone in the ordinary bruise. This is known as the simple variety, or purpura simplex. In a more severe form blood is poured out upon the free surface of mucous membranes, and issues by their respective outlets. A third variety is closely linked with a rheumatic state of the system, and is, therefore, designated as purpura rheumatica, or peliosis rheumatica. The word peliosis is one of those antiquated survivals some of which still linger in our nomenclature, and signifies "lividity." A few cases illustrative of the different forms of purpura may be appended for the purpose of exhibiting the clinical course and effects of the disease.

Purpura Simplex.

Case I.—A youth, 19 years of age, had had an eruption for about a week. It first appeared upon his legs. On the day before he was seen it came out upon his forearms. There had been none upon the face. His general health seemed unimpaired. He had had no pain. On the previous day there had been moderate itching of the eruption. He had never had rheumatism, nor is that disease in his family, as far as he was aware. His appetite and digestion were good and bowels regular. He slept well. He had had no spitting of blood or hæmorrhage from the stomach, nose, bronchi, bowel, or bladder. An accidental injury to the shin a few days previously had produced more ecchymosis than usual. The lips and gums were a little pale.

The eruption consisted of spots of deep- or purplish- red color scattered irregularly over the forearms and legs. The spots did not disappear upon pressure, and were obviously due to hæmorrhage into the corium.

No definite cause could be discovered.

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He lived in a comfortable home, was not overworked physically, and had had no mental shock, strain, or anxiety. The spots disappeared under the influence of a pill containing 2 grains of ergotine, $^1/_2$ grain of dried sulphate of iron, and 1 grain of quinine sulphate, three such pills being given daily.

This case may be regarded as typical. The disease very often begins upon the lower extremities. Purpura simplex is preceded or accompanied by little or no disturbance of the general health, and in some instances itching is experienced, as in the case here reported.

Purpura Hæmorrhagica.

Two cases, accompanied by a flow of blood, may be cited:—

Case II.—A little girl, 4 years of age, was noticed, two weeks previously, to be listless and irritable. She cried out sharply when touched by anyone, and seemed to suffer pain in the limbs and joints, although the latter were not swollen. At the same time the child herself called the mother's attention to numerous purplish-red blotches upon the lower extremities. There had been slight fever. Two or three days after the spots had been discovered the child began to vomit blood. As soon as the irritability of the stomach would permit the patient was cautiously given a mixture of iron and ergot. Aided by rest in bed the medicine was retained and in the course of a few days she was much improved. Being an actively-disposed little girl, she begged to be taken out of bed and dressed. Her listlessness had departed, and, although still weak, she took her usual interest in the household events. Her cheeks and lips were bloodless.

Case III.—A boy, 9 years of age, had been bleeding freely from the nose for three hours and a half when seen. Various domestic remedies had been tried, but in vain. The nasal cavity was plugged with absorbent cotton saturated in a solution of alum, and there was no more hæmorrhage during the night. The boy had seemed to be in his usual health except that for two or three days previously he had complained of headache. He was rather subject, however, both to headache and nose-bleed. He had fallen a day or two before and bruised one of his shins. He was a sturdy, well-built, and well-nourished boy, of light complexion, red hair, and nervous temperament. On the following day there was a little oozing through the plug from the anterior naris, on account of which some more cotton was inserted. Internally he was given solution of subsulphate of iron combined with fluid extract of ergot. In the evening of the second day the plug was removed from the nose and the cavity was washed out with an antiseptic fluid. No bleeding followed. On the third morning there was a slight bleeding, but it was not found necessary to plug the nostril. At this time there was perceived an eruption of vermilion-colored spots, about the size of a pin's head, located upon various parts of the body, as the legs, arms, and chest. Some were also seen upon the surface of the tongue. The bruise upon the shin exhibited considerable ecchymosis. Upon the shin of the other side were two swellings, each about the size of a hazel-nut, pretty firm to the touch, and rather deeply seated. These had not previously been in existence, and consisted of extravasated blood. The hæmorrhage from the nose did not return. The boy remained weak and languid for ten days, when he began to regain strength.

Both these children were active and well nourished. The development of the affection could certainly not be attributed to unhygienic surroundings or an insufficient diet.

Ocular, meningeal, or cerebral effusions sometimes occur in the hæmorrhagic form of purpura. In a class of cases among children hæmorrhage is excessive, and the case rapidly reaches a fatal termination. The disease sometimes follows emotional

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disturbances. In women it occasionally appears during menstruation or pregnancy. During the latter period it may lead to abortion. It has been witnessed as a sequel to febrile affections, as tonsillitis and typhoid fever. A number of years ago I reported a case which succeeded typhoid fever, purpuric spots coming out upon the face and arms a few days after the temperature had fallen to normal. Free hæmorrhage also took place from the gums and buccal mucous membrane. The face is usually spared.

Purpura Rheumatica.

Case IV.—A stout and strong boy of 12 was attacked by fever, weakness, and tenderness of various articulations. He had never been afflicted with rheumatism, but was a member of a family in which that disease was common. After he had been ill in bed for four days with these symptoms numerous purpuric spots, some of which were quite large, were perceived, principally upon the lower limbs, although some were present upon the chest and abdomen. The articular pain did not abate at this time, as it not infrequently does, but continued for several days longer before it took its departure. This form of the disease may also be associated with hæmorrhages from mucous membranes. It is more usual in adults than children. It is very apt to relapse, and this is, in fact, a characteristic feature of the rheumatic form.

Scurvy.

Purpura hæmorrhagica has been described under the title of land-scurvy. True, well-marked scurvy, scorbutus, or sea-scurvy, is seldom met with now, even among sea-faring people or in public institutions, as provision is habitually made to prevent its occurrence. Nevertheless, we do meet, every once in awhile, with cases which may, perhaps, be termed semiscorbutic and which have been engendered by bad dietetic habits. There are many growing boys, for instance, who eat abundantly of meat, almost to the exclusion of vegetables and fruit.

Case V.—An apt illustration of this fact occurred in a boy aged 12 years. He was a hearty eater of meat, but partook of little else. Finally, he began to suffer from symptoms of indigestion, with languor, headache, constipation, bad taste in the mouth, and the tongue was badly coated. The appetite, at this juncture, altogether failed. When the importance of a mixed diet was explained to the lad, and especially to his mother, and when the food was prepared in accordance with my suggestions, the patient soon began to improve with but little need of medicine.

Case VI.—This was a more aggravated example of the same kind. The patient was a girl, 8 years of age, an inmate of an asylum, where the fare was plentiful enough, but monotonous, and, whether from choice or necessity, the child did not get enough vegetable food. She developed offensive breath, sore throat, and foul tongue. She lost strength and became listless and apathetic. The cheeks and prolabia were almost bloodless. The child also became emaciated. With the progress of weeks the little girl grew more and more pale; the gums became spongy and bleeding; a red line formed along the insertion of the teeth, especially those of the upper jaw; the breath became worse and worse, until at last it had an almost fæcal odor; the tongue was so excessively laden with unhealthy secretion that it looked almost as if it were covered with false membrane. Some of the teeth also loosened in their sockets.

At this stage the use was begun of a mouth-wash of liquor sodæ chlorinatæ, largely diluted with water. This speedily destroyed the fœtor and cleansed the tongue. Internally she was given dilute nitrohydrochloric acid, lemonade, and fruits. It was directed that she should have as much vegetable food as possible.

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The little patient commenced to improve at once and rapidly. At the end of about two weeks of this regimen, with the exception of pallor, the girl appeared almost as well as ever in her life. She was then ordered an iron tonic.

CASE VII.—An analogous, but less severe, case occurred in the person of a man 53 years of age. He stated that he lived upon mixed food, but his ideas upon this subject were probably defective. At any rate, his gums were manifestly scorbutic, his breath was very offensive, his bowels were constipated, and he suffered from digestive derangements. The use of a mouth-wash containing salicylic acid and myrrh, the internal administration of dilute nitrohydrochloric acid, and an enlargement of his dietary soon effected a decided change for the better in his condition.

Abstracts.

Carcinoma of the Abdominal Wall.

The following unusual case has been reported by Dr. Loebell: The patient was a man, 60 years of age, who, for six weeks, complained of a sense of weight in the stomach, coming on after meals. He entered the clinic with the diagnosis of cancer of the stomach. Nevertheless, attentive examination failed to reveal any evidence confirmatory of the diagnosis. The stomach was two finger-breadths above the umbilicus. The gastric and intestinal functions were regularly performed. Three finger-breadths above the umbilicus, in the linea alba, was a rather dense, immovable tumor, superficially ulcerated, the size of a walnut, and covered by normal skin. The diagnosis was then made of properitoneal lipoma, accompanying an epigastric hernia, and having undergone fibrous degeneration.

An operation appeared, at first view, to confirm the diagnosis. An incision 5 centimetres long (nearly 2 inches) disclosed a tumor which presented the macroscopical characters of a prehernial lipoma and which had undergone fibrous degeneration. The growth was extirpated, together with a portion of normal peritoneum; the abdomen was carefully explored and the wound sutured. There was union by first intention. Three weeks later the patient left the hospital.

A microscopical examination of the growth was not made until after the patient's departure. A fibrous band divided the tumor into two nearly equal parts. In this band were cavities lined with cubical or cylindrical epithelium. Some of these cavities were isolated, others were arranged in groups. On both sides of the fibrous band were seen, instead of connective tissue rich in cells and capillaries, glandular cavities disseminated or grouped. Toward the periphery the connective tissue was more and more infiltrated, and presented dilated glandular cavities and epithelial nodules. Under a high magnifying power it was seen that the infiltrating cells were of the connective-tissue and lymphatic types. The epithelial cells lining the glandular cavities presented a shriveled nucleus and a tendency to vitreous degeneration. These cells were arranged in an irregular manner, and often passed beyond the membrana propria of the glands, which, in their structure, resembled those of the pylorus.

Professor Grawitz, to whom the specimens were shown, made the diagnosis of secondary cancer of the epigastric region, and this opinion was confirmed by the ulterior progress of the malady. The patient, in fact, died at the end of the year, succumbing to the usual cancerous cachexia. There was no autopsy, but the clinical history of the patient justified the diagnosis of secondary cancer, the primary disease probably being either in the stomach or small intestine.—La Tribune Médicale.

Diabetes Insipidus and Pregnancy.

At a meeting of the Obstetrical Society of Paris MM.Chavane and Faure Miller re-

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ported the case of a woman, in whom, three years before, pregnancy had been accompanied by an excessive polyuria, amounting to 15 to 18 litres a day (26 to 41 pints). There were both polyphagia and polydipsia. In the absence of pregnancy she was accustomed to pass only about 5 litres of urine in the twenty-four hours. The woman's general health having been excellent, no treatment was ordered. M. Chavane noted that the urine contained 1.50 grammes of phosphoric acid, 32 grammes of urea a day, and no sugar. The case is of interest, especially on account of the extreme benignancy of the diabetes insipidus, as both the women died whose cases were reported by M. Vinay.—Le Progrès Médical.

Pneumonic Osteoarthropathy.

At a meeting of the Medical Society of the Hospitals MM. Boulloche and Rendu exhibited a young patient attacked by osteoarthropathy of hypertrophic form. The child was eleven years of age. When seven years old he had suffered from pleuro-pneumonia, and the right side of the chest had ever since been retracted. At first view his hands and feet seemed to be enlarged, but there was, nevertheless, no sign characteristic of acromegaly. The hypertrophy affected the last phalanges. The fingers looked like drumsticks. The wrists and knees were also enlarged. All these joints were, from time to time, attacked by acute pain. Radiography demonstrated that the hypertrophy was not of the soft tissues, but of the extremities of the bones.—La Tribune Médicale.

Cerebro-spinal Meningitis in the Course of Grippe.

At a meeting of the Medical Society of the Hospitals M. Rendu said that he had observed, in a boy aged 5 years, cerebro-spinal meningitis during the course of grippe. The disease was accompanied by signs of infantile paralysis. The speaker attributed the recovery to warm baths, revulsion to the lumbar region, and early recourse to lumbar puncture. The lesions, however, appeared to be sufficiently grave, for the patellar reflex was absent. No microbe was found in the fluid withdrawn. The complication seems to have originated in the grippal lesions of the naso-pharynx, which affected the base of the skull and the meninges.—La Tribune Médicale.

Glycosuria of Dyspeptic Origin.

At a meeting of the Academy of Medicine M. Robin spoke of the still-obscure subject of the dyspeptic origin of glycosuria. This condition of the urine is irregular, and varies according to the most diverse types. The quantity of sugar is always small, and ranges from 0.50 to 5 or 6 grammes to the litre.

In nearly half the cases there is at the same time an albuminuria of digestive origin. The only symptom of diabetes is an occasional increase of appetite due to the dyspeptic condition of the patient. The indigestion is of the hypersthenic type, with augmentation of hydrochloric acid. Splashing can be distinguished in the dilated stomach, and the liver is enlarged. The speaker reported several cases of the kind. In such patients the abnormally-acidified food excites the liver, which at length produces more sugar than it should. The treatment is simple. Recovery takes place in 90 per cent. It suffices to regulate the diet and give after each meal a powder containing an alkaline earth. An absolute milk diet produces wonderful benefit. This fact is another proof that the glycosuria differs from diabetes.—La Tribune Médicale.

Primary Bronchial Diphtheria.

At a meeting of the Pædiatric Society, M. Ausset, of Lille, read a paper upon a case of ascending croup, or primary bronchial diphtheria. He had been called, in

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consultation, last December, to see a little girl, 5 years of age, who had been suffering for three days with double pneumonia, and who, on the preceding evening, had been seized by a difficulty in breathing which rapidly increased. She was asphyxiated, the extremities were cold, and she seemed, indeed, at the point of death. Upon auscultation there were signs of generalized bronchitis and several disseminated foci of broncho-pneumonia. The voice was husky, the cough hard, but the throat was free, and the medical attendant, who was experienced and attentive, had observed nothing in that situation. Two hypotheses presented themselves in explanation of the condition, croup or phrenoglottic spasm supervening in the course of broncho-pneumonia. Before everything else, it was necessary to relieve the asphyxia, and M. Ausset had recourse, veritably *in extremis*, to intubation. At the end of some minutes the tube was ejected by false membrane. It was replaced, but was again ejected in a short time. On account of the depression of the child and a slight improvement of the breathing, the tube was not reinserted until toward evening, and this time it remained in position. In the meantime 20 cubic centimetres of antidiphtheritic serum had been promptly injected and two hypodermics of sparteine sulphate, together with a second injection of the same quantity of serum three hours after the first. Under the influence of this energetic treatment and the re-establishment of the respiration by the intubation, the child's condition improved quite rapidly, and a genuine resurrection occurred. The tube was removed finally after sixty-eight hours, and recovery was complete by the 26th of December. Examination of the false membranes showed mixed infection of streptococci and the bacillus of Loeffler.

M. Ausset discussed the subject of differential diagnosis which arose before the expulsion of false membrane decided the question. The voice had remained clear and the cough free from croupal character until the second day of the disease,—the evening before the consultation,—and the throat had at no time exhibited any suspicious signs. The diphtheria began in the bronchi and ascended to the larynx.—Le Progrès Médical.

Late Hereditary Syphilis of the Larynx.

At a meeting of the Laryngological Society of Berlin Dr. Roehr related the case of a girl, 13 years of age, previously in good health, in whom he found cicatrices of the pharynx, a partial adhesion between the velum palati and the posterior wall of the pharynx, a loss of substance of the epiglottis, and a granulomatous tumor upon the right ventricular band. In a second case the first signs of syphilis had appeared at the age of 11 years. There were infiltration and ulceration of the nasal septum, Hutchinson teeth, loss of substance of the epiglottis, a granuloma in the ventricle of Morgagni of the left side, and upon the posterior wall of the pharynx. There were ulcers upon the right forearm, adenitis of the groin, arm, and neck. Slow amelioration took place under the influence of mercurial frictions, potassium iodide, and the local application of calomel.

The author spoke finally of the differential diagnosis from tuberculosis and lupus, the involvement of the epiglottis and the verruco-papillary form being in favor of syphilis. In both cases the affection of the larynx was unilateral. This localization sometimes shows but little tendency to recovery, while the other specific manifestations disappeared rapidly, as in the first case.—Revue Hebdomadaire de Laryngologie, etc.

A Case of Elephantiasis of the Larynx.

Dr. Kummel describes, in a thesis, the case of a man, 41 years of age, who previously had always enjoyed good health, having only a small goitre, for which he had

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been rejected from military service and which had disappeared under the influence of a medical course of treatment, who was attacked by hoarseness which had lasted for several years, notwithstanding a rather prolonged treatment by means of creasote and potassium iodide. In 1891 he was seized by a difficulty in breathing, which grew worse, and was very serious by the end of 1895. In December of that year he was admitted to the surgical clinic. There was found a complete immobility of the vocal cords, which were united posteriorly by a cicatricial band, and there was pale œdema of all the entrance to the larynx. Tracheotomy was performed and potassium iodide given. Improvement was only temporary, and the patient left the clinic wearing a tube. He was still treated until June of 1896 with Schroetter's bougies up to No. 8. An incision was then made, and the tracheal fistula curetted, but it was not possible to dispense with the cannula. Caoutchouc cannulas were introduced into the trachea, which allowed the patient to speak and breathe in a normal manner. On the 7th of January, 1897, laryngofissure was performed. There was found, at the level of the left vocal apophysis, a short fistula covered with granulations and leading to a small cartilaginous sequestrum. The mucous membrane of the larynx was thickened in its entire extent. A portion of the left ventricular band was removed, and the cartilaginous focus was curetted. From the month of February the patient was able to pass the cannula. The tracheal fistula was no more than a narrow slit, which did not allow the air to enter. The mucous membrane of the larynx continued swollen and œdematous, although a little less so than formerly. Notwithstanding the almost complete immobility of the vocal cords, the patient spoke with rather a strong voice, for the left ventricle of Morgagni swelled into the form of a balloon (ventricular laryngocele) during the approximation of the ventricular bands and thus produced a comparatively good occlusion of the glottis. Respiration was absolutely free, even during exertion.

Notwithstanding the absence of historical data and the inefficiency of potassium iodide, he believed the case to be one of elephantiasic hypertrophy of the mucous membrane of the larynx, of syphilitic nature, which had caused necrosis of the arytenoid and fistula covered with granulations, which continually reproduced themselves and served as a constant cause of irritation.—Revue Hebdomadaire de Laryngologie, etc.

A Cerebral Affection of Indeterminate Nature Among Children.

At a meeting of the Berlin Society of Medicine Dr. Oppenheim stated that in a number of children of eight to thirteen years he had observed a cerebral disease attended by the symptoms of tumor of Rolando's fissure. In some of these cases an operation had been considered necessary by some physicians. Nevertheless, recovery took place either spontaneously or under the influence of purely medical treatment.

One of the children was first seized with cephalalgia localized in the frontal and vertical regions, and by frequent vomiting. Abscesses followed, producing either paresis of the right half of the face and the right arm, with deviation of the eyes and head toward the right, and transitory aphasia, or attacks of paræsthesia. The attacks often involved the entire right half of the body, and there was complete loss of consciousness. At the end of about eighteen months optic neuritis occurred, with accentuated paresis of the face and right arm, with slight motor aphasia. Oppenheim's treatment was by means of iodides and bromides, which soon caused a considerable amelioration, and now, after the passage of six years, the child enjoys good health.

In five other cases the morbid picture and evolution were very similar. Proceed-

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ing by exclusion, Oppenheim believed that the cases represent a special form of localized tuberculous meningo-encephalitis, analogous to that witnessed by MM. Chantemesse and Combe in adults and described under the title of patches of tuberculous meningitis. Heubner, however, was of the opinion that there existed a limited cheesy infiltration in the vicinity of the fissure of Rolando, between the pia mater and cerebral cortex. He had twice been able to verify this hypothesis in the autopsies of children who had presented symptoms identical with those related by Oppenheim. As regards the curability of the affection, Heubner was very skeptical. Nevertheless, he did not ignore the fact, though it is of rare occurrence, that individuals have been cured, although tubercle bacilli had been found in the encephalo-rachidian fluid.—La Tribune Médicale.

Gastric Fistula Consecutive to Ulcer of the Stomach.

Dr. Kronheimer has published the history of a woman, aged 45 years, in whom the menopause had occurred two years previously and who had suffered for nine years from profound anæmia on account of which she had been obliged to pass the last six months in bed. During this time she had complained of a sense of weight in the gastric region after meals. For four years and a half there had been very severe pain in the costal region before meals, together with fever. Peritonitis was recognized. At the end of seven weeks the patient rose from bed, but continued to vomit after meals. The paroxysmal pains in the region of the ribs continued. This condition lasted for five months. The vomiting then ceased, but the pain resisted all treatment. There had been no blood in the vomited matters. Since October, 1898, the patient had been aware of the existence of a hard swelling below the border of the ribs on the left side corresponding to the seat of pain. The tumor gradually increased in size, remaining hard, and finally the skin reddened. By the end of fourteen days the swelling had opened, giving exit to a dark-colored fluid and the *débris* of food. Pain diminished. A gastric fistula remained. The patient was extremely emaciated.

The milk which she took escaped at intervals through the fistula. It was necessary to administer nutriment by the rectum. An operation was performed three days after she entered the hospital. Scarcely had the peritoneum been opened than the respiration became irregular and the pulse imperceptible. A remedial operation was abandoned, and the surgeon contented himself with establishing a jejuno-abdominal fistula according to the method of Witzel for the purpose of feeding the patient. Notwithstanding the utmost care, together with a stimulating and abundant diet,—such as milk, eggs, brandy, and wine,—the patient died eight days later, with intense pain in the neighborhood of the gastric fistula and with peritonitis. An autopsy showed the existence of a chronic ulcer of the anterior wall of the stomach. The ulcer was perforating, and was formed of two parts separated by buds of connective tissue. The left portion, about the size of a 5-franc piece, rested upon the pancreas; the right, which was larger, corresponded to the abdominal wall. There was generalized fibrinous peritonitis, with fatty degeneration of the myocardium, broncho-pneumonia, and pleural adhesions.

This failure should not allow us to condemn an operation which has given good results in the hands of Billroth, Mikulicz, and Hofmeister. There are, in the literature, 70 cases of gastro-abdominal fistula. Their etiology has not been explained. While Peulard found 14 cases due to carcinoma, the author, in the 70 cases, met with 15 of round ulcer of the stomach as the cause of the fistula.—La Tribune Médicale.

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Therapeutic Notes.

Veratrine in Pruritus.

In the obstinate pruritus of women at the menopause Dr. Lutaud recommends the external application of veratrine, if the pruritus is localized. He orders an ointment of $2\,^1/_2$ grains of veratrine to an ounce of lard, to be applied morning and night. If the pruritus is general, he orders the drug internally: $^1/_{180}$ grain in pill form once a day, gradually increased to six times a day, half an hour before meals or three hours after meals.—Merck's Archives.

Variola.

In variola salol abolishes all sense of irritation and desire to scratch. Maturation is usually prevented. Dose, 15 grains three times a day.—Charles Begg (Medical Record).

Pronounced Acidity of the Stomach.

℞ Sod. sulphat.,
Sod. chlorid., of each, 30 parts.
Calcii sulphat., 5 parts.
Sodii carbonat., 25 parts.
Sodii borat., 10 parts.

M. Sig.: Teaspoonful before each meal. —Medical Record.

Nævus.

When a patient refuses operation for nævus or there exists any special reason why it should not be removed, Dr. Robert T. Morris, Professor of Surgery in the New York Post-graduate Medical School, injects from 15 to 30 minims (according to the size of the nævus) of tincture of thuja occidentalis into the body of the venous mass. This causes a plastic deposit which destroys the endothelial lining of the vessels, and by the secondary contraction a cure is often effected. It cannot be used in very large or in pulsating nævi, as, instead of causing local coagulation, the thuja would pass directly into the general circulation, with perhaps disastrous results.—American Journal of Surgery and Gynæcology.

Phytolacca in Tonsillitis and Mastitis.

Dr. G. T. Collins states that fluid extract of phytolacca used internally and externally rarely fails to abort an acute attack of tonsillitis. When the disease has progressed too far to be aborted, the phytolacca improves the symptoms and hastens the crisis. He also considers it a specific in inflammation of the mammæ, whether in the puerperium or not. Used locally and internally (10 to 12 minims every four hours), the drug prevents suppuration and promptly restores the gland to its normal condition. —Merck's Archives.

Varicose Ulcers.

℞ Powdered iodoform,
Powdered salol,
Subnitrate of bismuth,
Powdered charcoal,
Powdered cinchona,
Powdered benzoin, of each, p. æ.

M. To be used as a dusting-powder.—Schwarz (Medical Record).

Capillary Bronchitis.

℞ Vini antimon.,
Spir. chloroformi, of each, ℥iv.
Spir. ammon. arom., ℥j.
Liq. ammon. acet., ℥ij.
Aquæ, ad ℥viij.

M. Sig.: Tablespoonful every hour.—Whitla (Medical Record).

Rubidium Iodide in Coryza.

In a preliminary note Prof. G. Jacontini announces that he treated ten cases of acute coryza with rubidium iodide and effected a complete cure in all within a very few days. This fact, he says, is of great importance from a prophylactic point of view, when we consider the great number of morbid proc-

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esses in the respiratory tract which have their origin in an obstinate coryza of long duration. The author promises to publish his experience in full later.—Merck's Archives.

Laxative for Children.

℞ Mannæ, ℥ss.
Magnesiæ (calcined),
Sulphuris loti, of each, ℥iss.
Mellis despumati, q. s. ad ℥iv.

M. Sig.: A tablespoonful to be taken in a cup of hot milk. The dose can be increased if necessary.—Journal of the American Medical Association.

Persistent Cough and Insomnia.

Dr. Alexander Rixa, of New York, writes in the Medical Summary that he has obtained most excellent results when all else seemed to have failed from:—

℞ Narceiæ, gr. v.
F. pil. No. x div.
Sig.: One pill at bed-time.

Dysmenorrhœa.

"As you will observe, therefore, we have prescribed a pill, to be taken three times a day, after a meal, containing:—

"℞ Phosphor., gr. $^1/_{50}$.
Ferri valerianat., gr. j.
Zinci valerianat., gr. j.
Quin. sulph., gr. j.
Extracti aloes, gr. j.

"Then we will prescribe for her the following mixture:—

"℞ Tinct. cannabis Indic., *m*x.
Syr. chloral hydrat., *m*xx.
Glycerin., ℥j.
Aq. camphor., ad ℥j.

"For one dose."—Dr. Bedford Fenwick, in the Medical Times and Hospital Gazette.

For Constipation with Flatulence.

Illoway recommends the following combination:—

℞ Ext. colocynth. comp., gr. $^1/_2$.
Terebinthinæ (Venice), gr. j.
Pulveris aloës Soc., gr. iss.
Ext. nucis vomicæ, gr. $^1/_4$.
Ext. hyoscyami, gr. j.

M. et ft. pil. No. j.

Sig.: One such pill twice daily.—Journal of the American Medical Association.

Tuberculosis.

In a paper published in the Journal of the American Medical Association Dr. Solomon Solis-Cohen, of Philadelphia, says:—

"A favorite formula of my own in the early stages of the bacillary disease is as follows:—

"℞ Iodoformi, gr. i-iij.
Strychninæ sulphatis, gr. $^1/_{40}$.
Arsenii iodidi, gr. $^1/_{12}$.
Balsami Peruvianæ, gr. ii-v.

"Mix and encapsulate.

"Dose: One capsule after meals three times daily."

Follicular Tonsillitis.

℞ Creasoti, *m*x.
Tinct. myrrhæ,
Glycerini, of each, ℥j.
Aquæ, q. s. ad ℥iv.

M. Sig.: Use as a gargle or spray four or five times daily.—Journal of the American Medical Association.

Dr. Charles F. Hope, of Coatesville, Ind., says, in the Medical Council:—

"In the way of general or systemic treatment of ordinary follicular tonsillitis nothing has been found, in my hands, more serviceable than sodium benzoate. It will relieve and dissipate all of the unpleasant symptoms in a very short time. It may be prescribed according to the following formula:—

"℞ Sodii benzoat., ℥ss.
Glycerin., ℥j.
Syrup. Tolutan., q. s. ad ℥iij.

"M. Sig.: One teaspoonful every hour or two."

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Tonsillitis.

Dr. W. F. Ball, of Darrowville, Ohio, recommends, in the Medical Summary:—

℞ Fl. ext. stillingia-root, ℥iss.
Fl. ext. yellow dock, ℥ss.
Fl. ext. berberis aquifolium, ℥j.
Fl. ext. echinacea angustifolia, ℥j.
Potass. iodide, ℥j.

M. Add simple syrup to make one pint.
Sig.: Teaspoonful after eating and before retiring. This is to be given after the acute stage has subsided.

Hydrochloride of Apocodeine in Constipation.

M. Raviart and M. Bertin have found apocodeine, when pure and free from apomorphine, to be a sedative and hypnotic possessing no noxious action on the organism, and increasing the peristaltic action and glandular secretion of the digestive tract. They laud, in habitual constipation, hypodermic injections into the muscular tissues of 30 minims of the following solution:—

℞ Hydrochloride of apocodeine, 7 1/2 grains.
Sterilized water, 750 minims.

M. The injection may be repeated on several successive days.—New York Medical Journal.

Cystitis.

M. Bazx recommends the employment of sodium benzoate in conjunction with turpentine and tar, as follows:—

℞ Benzoate of sodium,
Pure gum turpentine,
Norway tar, of each, 1 1/2 grains.

M. For one pill. From six to eight may be taken daily. At meals tar may also be given, and buchu-tea, or tea of uva ursi.—New York Medical Journal.

Anorexia.

Le Progrès Médical attributes the following to Kalb:—

℞ Crystallized quassine, gr. 1/24.
Powdered nux vomica, gr. 1/3.
Powdered rhubarb, gr. iiss.

M. For one cachet. One such after each meal.

Naphthalan in the Treatment of Hæmorrhoids.

Rauch has seen the use of 20-per-cent. suppositories of naphthalan followed in ten cases by prompt diminution of the size of the piles, as a result of enduring contraction of the blood-vessels, mitigation of the pain, and the healing of excoriations and rhagades.—New York Medical Journal.

Chancroidal Bubo.

Dr. Frederic Griffith, of New York, in the New York Medical Journal, says that a daily application of the following salve will often do good:—

℞ Unguenti hydrargyri,
Unguenti belladonnæ,
Unguenti ichthyolis, equal parts.—M.

Treatment of Diabetes.

The Therapeutic Gazette quotes the following combination containing boric acid, which it is claimed has been of curative benefit in treatment of diabetes. The cases in which it was used were young persons:—

℞ Acidi borici, gr. xx.
Glycerini, ℥j.
Liq. arsenici hydrochlor., *m*v.
Liq. strych. hydrochlor., *m*x.
Aquæ destil., q. s. ad ℥j.

M. Sig.: To be taken at one dose and repeated three times a day.

The arsenic and strychnine preparations are of 1-per-cent. strength as contained in the British Pharmacopœia, and consequently the above dose of strychnine is on

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the border-line of danger and probably should never be prescribed in such size doses. It should be prescribed in doses of 3 to 5 minims.—Journal of the American Medical Association.

Chronic Arteritis.

℞ Hydrochlorate of hydrastinine, 0.10 gramme.
Iodide of sodium, 2 grammes.
Anisette of Bordeaux, 100 grammes.
Distilled water, 200 grammes.

About an ounce each morning, to be increased according to results obtained. Interrupt treatment one week in each month.

Or:—

℞ Hydrochlorate of hydrastinine, 1 gramme.
Sterilized water, 10 cubic centimetres.

Sig.: Inject from half a syringeful to a syringeful twice a day.—Medical Record.

Some Suggestions on the Manner of Using Protargol.

Having passed the experimental stage, it may now be safely asserted, on the ground of the remarkably extensive literature published, that protargol is one of the most important additions to the materia medica of recent years. Aside from its general use in the treatment of gonorrhœal affections, it has, to a great extent, displaced nitrate of silver in diseases of the eye, ear, nose, and throat. To obtain uniformly good results attention has been lately drawn to the importance of exercising proper care in making the solutions: a point which has been especially emphasized by Professor Neisser. A clear and satisfactory solution can be secured in any one of the following ways: Stir the protargol powder into a thick and smooth paste with a little cold water, and then add the bulk of the fluid. This should be done in a glass or china vessel, using a glass rod; if in a mortar, the latter, as well as the pestle, should be slightly moistened with a few drops of glycerin. Protargol may also be readily dissolved by dusting the powder evenly upon the surface of the water and allowing the fluid to stand without stirring for about ten minutes. It is very essential that only cold water should be used in making the solutions, as with warm water the drug is to some extent decomposed, and then becomes less active and may cause irritation; for the same reason the solutions should be preserved in dark-colored yellow bottles. In acute gonorrhœa the average strength of the solutions ranges from 1 to 10 grains to the ounce; in chronic urethritis, up to 30 grains; in diseases of the eyes, ears, nose, and throat, 10 to 60 grains; as an application to wounds and ulcers, 1- to 2-per-cent. solutions and 5-per-cent. ointments are in use. Unlike nitrate of silver, protargol does not stain the skin, even in concentrated solution. The solutions commonly employed in gonorrhœa also do not produce stains of the clothing, or, if they do, only cause slight discoloration, which can be easily removed with warm soap-water. The much stronger solutions of 20 to 50 per cent. sometimes leave behind brownish-yellow stains on the clothing; if recent, they can be removed with soda and ammonia; if old, by the action of peroxide of hydrogen in the presence of ammonia.

Rhus Glabra in Enuresis.

Dr. J. J. Cassidy, of Toronto, writes in the Canadian Journal of Medicine and Surgery that he has obtained good results from the following prescriptions:—

℞ Ferri citratis, gr. clx.
Syrupi calcii lactophosphatis,
Syrupi cascaræ aromatici, of each, ℥ij.

M. Sig.: A teaspoonful after dinner (noon).

℞ Extracti rhois glabræ fluidi, mcccxx
Syrupi, q. s. ad ℥ij.

M. Sig.: A teaspoonful at bed-time.

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THE
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PERNICIOUS GASTRALGIC FEVER.

We have been interested in the perusal of a paper published in an excellent French periodical, Le Progrès Médical, by two Greek physicians, Drs. Jean Cardamatis and Spiridion Kanellis, giving an account of a peculiar affection, which has been denominated pernicious gastralgic fever, not so much on account of its fatality as by reason of the gravity and violence of the symptoms which it presents.[1] The predominating manifestation of the disorder is an intense gastralgia. The authors of the communication to which we refer have never witnessed a fatal termination, although such an event has been reported by other writers. The disease in question is a variety of intermittent fever. The characteristic pain is referred to the epigastrium. With the exception of the pain, the disease scarcely differs from ordinary attacks of simple malarial intermittent. In the experience of the authors, this variety never attacks individuals previously in good health. Its victims, as Laveran has also remarked, are those who had suffered from disorder of the stomach: the organ which furnishes the distinctive symptom of the variety in question.

The development of gastralgic fever does not follow the common rule of the other pernicious forms, which generally occur only after several attacks of malarial fever. The first evidence of malaria may assume this form. Nevertheless, it may equally succeed repeated malarial visitations. The type of gastralgic fever is always that of a quotidian or tertian intermittent, and, in the experience of the authors, appears under no other recognized form. The gastralgia presents the characteristic stages of intermittent fever, and constitutes the conspicuous feature of the malady. Laveran states that the patient experiences excessive gnawing pain, has an anxious expression, lies doubled up or rolls upon his bed, and often vomits freely; after a variable time the pain is allayed and the attack terminates in copious perspiration. He describes it as being a rare variety, especially in comparison with the other grave or pernicious forms of malaria. He witnessed but 1 case in the course of five years. His personal experience is corroborated by statistics. Among several thousand cases of paludism our authors find pernicious gastralgic fever tabulated but 4 times. Out of 127 cases of pernicious fever observed during five years in the hospitals and infirmaries of the Greek army, only 1 case of gastralgic fever is noted. A more complete table, compiled by Dr. Cardamatis from Greek and other sources, shows that out of 1347 cases of pernicious malaria there were but 5 cases of gastralgic fever.

The authors whom we follow make a distinction relative to the intensity and duration of the pain, and recognize a continued and an intermittent type. In the former subdivision the pain increases until it attains a maximum, after which it disappears as a single isolated attack. In the latter species the exacerbations of pain are separated by remissions, or lulls; so that in the course of the febrile movement three, four, or even as many as eight attacks may occur.

The first stage of a paroxysm is marked by muscular prostration, which precedes the chill by two or three hours. The pain begins in the second stage and is usually

[1] "Étude clinique sur la fièvre pernicieuse dite gastralgique." Par les Drs. Jean Cardamatis, Vice-President, et Spiridion Kanellis, Ancien Vice-President, de la Société Médicale d'Athènes. Le Progrès Médical, 12 Janvier, 1901.

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situated between the umbilicus and stomach, radiating to all sides, of lancinating and burning character. In the continued form the severity of the anguish is described as surpassing that of an accouchement. The patient presses upon the abdomen, grinds his teeth, and tears his garments. The pain of the continued form lasts more than half an hour, while in the intermittent variety the spasms do not exceed fifteen minutes. The chill and pain are followed by nausea and vomiting; if the stomach be empty, bilious matter is ejected. The stomach refuses everything ingested. No drugs are tolerated. Reliance must be placed upon hypodermic injections or, in some instances, the application of sulphuric ether directly to the seat of pain. When the fever begins to decline, the pain abates. In the third stage there is excessive sweating, accompanied by decided weakness.

The authors include in their interesting and instructive paper notes of four cases which they had personally observed, and deduce from their study a number of conclusions. They believe that the epithet "pernicious" should be abandoned. A fatal issue is rare. The attack yields to quinine. In addition to the malarial parasite, preceding gastric disorder is necessary to determine an attack. The combination of influences unites in producing this form of malarial intoxication. The first to call attention to the influence of a preceding affection was Hippocrates, from whom our Greek authors make a quotation. Gastralgia is only a symptom which is sometimes added to the clinical manifestations of malaria, and does not constitute a special type deserving the title of pernicious gastralgic fever. It is a simple complication of paludism. The writers would prefer the designation of "intermittent, remittent, or continued malarial fever, complicated with gastralgia," the complication, in its turn, being dependent upon anterior disease of the mucous membrane of the stomach.

AN EPIDEMIC OF APHTHOUS STOMATITIS.

THE relations of different diseases and the influence which they exert upon each other is a profitable subject of study to the clinician. We have, from time to time, brought together in the pages of THE MEDICAL BULLETIN instances of this action and reaction. In a late issue of a valued contemporary we find an excellent communication by Dr. Gabriel Arthaud dealing with a similar phase of relationship.[1] For more than a year, we are told, there has prevailed in Paris and a large part of France, particularly the north and west, a very characteristic epidemic of aphthous stomatitis. Dr. Arthaud regards it as important to undertake a description of this epidemic from the point of view of medicine and general hygiene by reason of its wide extension, initial symptoms, ulterior consequences, and comparative gravity in persons who were already debilitated by some preceding affection. The epidemic seems to have commenced almost simultaneously in several distinct foci in Paris and the provinces.

The earlier cases were the most typical and were attended by the highest temperature. After several months of comparative subsidence the epidemic revived, although with somewhat-modified characters and of diminished intensity. If milder, however, the disease was more widely spread, and left in its train severe systemic manifestations. For example, Dr. Arthaud mentions having seen, in those who were the subjects of tuberculosis or heart disease, the occurrence of fœtid bronchitis, dysentery, and meningitis almost of the explosive form after an attack of the prevalent stomatitis.

The general evolution of the cases of stomatitis and succession of symptoms were always the same if allowance be made for a certain apparent polymorphism. The be-

[1] "Étude sur la stomatite aphteuse et sur son influence dans l'évolution des affections chroniques." Par le Dr. Gabriel Arthaud.

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ginning was generally sudden, although in some instances a short period of incubation was observed. Fatigue, slight constipation, anorexia, and insomnia with a little rise of temperature in the evening, were the prodromic features. The invasion was marked by high fever, sometimes preceded by a chill. There was some sore throat, together with sickness of the stomach. This condition continued for a day or two, with nothing more characteristic than moderate redness of the pharynx. The fever reached its height on the third day, when there appeared, especially in children, a very typical erythematous and vesicular rash. The general aspect was of scarlatiniform patches sprinkled with extremely-small vesicles. These contained a sanguinolent or serous fluid. Sometimes the contents were opalescent or purulent. The eruption affected all parts of the body. It was also seen in the mouth and upon mucous membranes. It usually lasted but a few hours, though it sometimes persisted for several days, particularly the hæmorrhagic form. The disease might be mistaken for scarlatina, measles, or purpura, but the fever was too low and the rash too late for scarlet fever, whereas the eruption was rather early and the catarrhal symptoms too mild for measles. There was not enough constitutional depression for purpura. At all events, the nature of the malady was not left in doubt, for in proportion as the exanthem faded from the skin the lesions intensified in the mouth and upon mucous membranes. While the fever was still present, the vesicles in the mouth became confluent, and by the fifth or sixth day offered an herpetic aspect. The ulceration which rapidly ensued was in some cases simply aphthous, but most frequently exhibited a crateriform appearance, and emitted an odor *sui generis*, recalling at once that of butyric acid and of gangrene. In the simple forms the ulcers were flat, membranous, or diphtheroidal. In the grave forms deep ulcers invaded the tongue, veil of the palate, lips, and even the œsophagus or larynx, producing aphonia, fœtid bronchitis, and exceedingly-painful spasms of the œsophagus. Upon the internal mucous membranes the processes are probably of the same nature, and account for the occurrence of offensive dysenteriform diarrhœa. With the development of the ulcers the temperature falls. These lesions may disappear rapidly but may persist for five to ten days. The suppuration causes extreme weakness.

Such is the average course of the disease. The cases were not fatal, and the author had no opportunity of studying the internal lesions. Some, indeed, died subsequently from aggravation of their original maladies. Nevertheless, the disease is capable of causing death, as Dr. Arthaud had himself observed in a former epidemic. Specimens prepared by the author from those cases show small intestinal ulcers.

Most cases of the epidemic just described were followed by relapse, which additionally enfeebled the patients, both by a physical and mental influence. At the end of a month, and sometimes less, after the cessation of the original illness the aphthæ, fœtid bronchitis, dysentery, gastric and abdominal pain, and other manifestations return. In these relapses the eruption is slight and transient, and the fever is mild. The ulcers of the mouth are small and painless, but produce an offensive breath. There is redness and a little suppuration of the gums, especially in the vicinity of bad teeth. The papillæ of the tongue are red and projecting, in sharp contrast to the surrounding mucous membrane.

The complications above mentioned were the most common, but our author has observed paralysis of the velum palati, and glandular implications,—as mammitis; orchitis, with hydrocele,—which may have been related to an anterior condition, but which attracted attention only at the period of secondary localizations. The occurrence of rapidly-developing meningitis has already been indicated.

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In the treatment of this epidemic the writer from whom we quote employed intestinal antiseptics, as naphthol and calomel, in small and continued doses, with antipyretics, as quinine, salicin, etc. As a local application, he made use of tincture of iodine or chloride of gold, 1 to 50, the latter of which he particularly values on account of its well-marked antiseptic and anæsthetic properties.

Medical News and Miscellany.

Dr. Mills's Reception.—Dr. Charles K. Mills, of 1909 Chestnut Street, Philadelphia, recently gave a reception to the members of the Charles K. Mills Neurological Society and invited guests. The occasion was much enjoyed.

Collection Burned. — A fire in the old portion of the Pathological Institute at Berlin destroyed a cabinet of collections belonging to Virchow. The articles that were saved lost their labels, and Virchow mourns the irreparable loss to himself and to science of this collection of anthropological and prehistorical relics.—Journal of the American Medical Association.

Pennsylvania Hospital.—Messrs. John B. Garrett and John Story Jenks and Drs. John B. Chapin and Thomas G. Morton have been appointed a committee to make arrangements for the one hundred and fiftieth anniversary of the hospital.

Yale Medical School.—Yale Medical School has received an anonymous donation of $100,000 to be applied to the construction of a clinical building: a laboratory of clinical medicine and surgery.

American Dermatological Association.—The American Dermatological Association will hold its next meeting in Chicago, May 30th and 31st and June 1st.

Post-graduate Medical School. — The Post-graduate Medical School and Hospital, of New York, has received an anonymous gift of $15,000, to endow three beds in the children's ward.

Dr. Charles D. Aaron.—Dr. Charles D. Aaron, of Detroit, Mich., has been elected Clinical Professor of Diseases of the Stomach and Intestines in the Detroit College of Medicine, Detroit, Mich.

Dr. Edward Wallace Lee.—Dr. Edward Wallace Lee, formerly Professor of Surgery in the Creighton Medical College, of Omaha, Neb., has located in St. Louis, and will devote himself exclusively to the practice of surgery.

Medico-legal Society of Philadelphia.—The Medico-legal Society of Philadelphia, at a recent meeting, elected the following officers: Dr. L. H. Adler, president; Dr. S. Wolfe, first vice-president; Dr. W. Reber, second vice-president; Dr. C. W. H. Clewell, secretary; Dr. J. W. P. Peltz, treasurer, and Dr. J. D. Nash, librarian.

Consolidation of Journals. — The Stylus has been consolidated with the Interstate Medical Journal of St. Louis, and the two publications continued under the latter name. Dr. William Porter, editor of The Stylus, will join Drs. W. B. Outten, R. B. H. Gradwohl, and O. F. Ball in the editorial management of the consolidated publication.

Astronomical.—*He had been there!* Said the siren to the young student, as she Saturn her scarlet couch: "Won't you come in and spend an hour with Venus?" "No, thanks," said the young student; "not any. I've been there. I spent an hour with Venus already last year, and then went up to the hospital and spent six months with Mercury, and since then I have been laid up at Ma's; and, don't Juno, I consider it a Sirius matter." Saying which the young student Sidereal big sigh and moved on.—Texas Medical Journal.

The Associated Health Authorities and Sanitarians of Pennsylvania.—The following officers have been elected: First vice-

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president, Crosby Gray, of Pittsburgh; second vice-president, Dr. H. H. Whitcomb, of Norristown; third vice-president, E. S. Wagoner, of Mechanicsburg; treasurer, Jesse C. Green, of West Chester; secretary, Dr. W. B. Atkinson, of Philadelphia.

New Editor.—Dr. Francis R. Packard has assumed the editorship of the American Journal of the Medical Sciences, to succeed Dr. Alfred Stengel, resigned.

Dr. Daniel Lewis Appointed State Health Commissioner.—Dr. Daniel Lewis, of New York City, who has served on the New York State board of health since 1895, having been its president for three terms, has been appointed State health commissioner by Governor Odell under the recently-enacted law which substituted a single-headed commission for the State board of health.—New York Medical Journal.

Dr. Philip Vaughan.—Dr. Philip H. S. Vaughan, of Augusta, has been selected as assistant superintendent of the Eastern Maine Insane Hospital at Bangor.

Dr. Paul Mecray.—Dr. Paul M. Mecray, surgeon at the Cooper Hospital, Camden, has been appointed surgeon and physician to the Pennsylvania Railroad Company, to succeed Dr. Dowling Benjamin.

Massachusetts Association of Boards of Health. — The following officers were elected: President, Dr. Henry P. Walcott, of Cambridge; vice-presidents, Dr. Samuel H. Durgin and Dr. Samuel H. Abbott; secretary, Mr. James C. Coffey, of Worcester; treasurer, Dr. James B. Field, of Lowell. Executive Committee (for two years), Dr. W. H. Chapin, of Springfield; Dr. D. S. Woodworth, of Fitchburg; Dr. F. W. Kennedy, of Lawrence; Dr. W. S. Everett, of Hyde Park, and Dr. Walter C. Kite, of Milton.

Ramsey County (Minn.) Medical Society.—The following officers were elected: President, Dr. Cornelius Williams; vice-president, Dr. John L. Rothrock; secretary, Dr. Ethelbert F. Geer; treasurer, Dr. Frederick Leavitt; necrologist, Dr. A. F. Whitman.

Resignation of a Professor.—Dr. John Madden, Professor of Physiology, Milwaukee Medical College, has resigned.

Officers of the Detroit Polyclinic Hospital.—At the annual meeting of the Detroit Polyclinic Hospital the following officers were elected: Dr. W. H. Poole, president; Dr. J. E. Davis, vice-president; Dr. S. E. Sanderson, secretary; Dr. B. W. Pasternacki, treasurer; trustees, Dr. E. Amberg, H. W. Yates, W. C. Thomson, J. E. Davis, and L. Breisacher. The number of cases treated during the year was 2295, and the number of new patients 633.

Pleuritic Urticaria.—R. Gomez reports a case of this affection, which, while rare, does sometimes make its appearance toward the end of the pleurisy, at the period of absorption of the exudation. The eruption occurs most frequently on the trunk, abdomen, and anal region, and may be most abundant. The early appearance of urticaria is a favorable symptom, pointing, according to Carageorgiadès, to a rapid cure of the pleurisy, while its tardy appearance in scanty amount indicates a long convalescence, and possibly tuberculosis. This authority considers the eruption due to the direct action of the toxins in the pleuritic exudate which are thrown into the lymphatic circulation during the absorption process.—Medical Record.

Case of Progressive Sinking of the Bridge of the Nose, Following Bilateral Hæmatoma of the Septum.—At a meeting of the Laryngological Society of London a patient was shown by Mr. W. G. Spencer. About two years ago the boy had a fall on his face. There was no displacement nor fracture of the nose, but on each side a well-marked hæmatoma just within the anterior nares. These were absorbed without suppuration, and the nose appeared to be unaltered by the accident; but a month ago the boy was

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again seen, as a progressive sinking of the bridge of the nose had occurred. On examination the septum is seen to be twisted, the muco-periosteum thickened, and the nasal passages much narrowed. There is no evidence of inherited syphilis. The case is exhibited because the injury seems to have set up a chondritis and softening such as may happen in joints after slight injuries. There is always much doubt as to whether spurs and deviations of the septum are congenital or traumatic in origin. The case shows that these deformities may arise gradually some time after a slight injury and yet be really due to it.—Laryngoscope.

Successor to Dr. Purdy.—Dr. William H. German will continue the work of the late Dr. Charles W. Purdy, of which he has been in charge for some months past.

Texas Medical Journal.—The firm of Drs. Daniel & Hudson is dissolved, and Dr. Daniel resumes sole control and management of the journal.

A Bronze Monument to Dr. Skene. — A movement is on foot to erect a bronze monument as a memorial to the late Dr. Alexander J. C. Skene, and the following committee has been formed for the purpose of determining what can be done toward the erection of such a monument: George Foster Peabody, Spencer Trask, Alexander E. Orr, Royal Peabody, Charles A. Moore, John Claflin, Hugo Hirsh, and William H. Snyder.

Memorial to the Late Prof. Joseph Coats, of Glasgow.—A sum having been raised by the friends and admirers of Dr. Coats, late Professor of Pathology in the University of Glasgow, for the purpose of raising a memorial to him, the subscription committee has arranged with the University Court that the University of Glasgow shall found a scholarship, to be known as the "Joseph Coats Memorial Scholarship in Pathology." The scholarship will be for the encouragement of original research in pathology, and will be tenable for one year. It will be of the value of the free income of the sum of $6000 for the two preceding years, and will be awarded biennially.

Obituary.—*Dr. McKee.*—We are pained to learn of the death of Dr. McKee, of Middletown, Del. The deceased was beloved by a wide circle of friends, was a useful practitioner, and enjoyed the respect and confidence of the community in which he dwelt.

Samuel C. Busey.—Dr. Samuel Clagett Busey was a well-known man in Washington, D. C., and one of the oldest practitioners of that city. He was a native of Maryland and 72 years of age. Dr. Busey was a graduate of the University of Pennsylvania, and was for years a member of the faculty of the Georgetown Medical College. He was an early member of the American Gynæcological Society, and had served a term as its president. The deceased was personally very popular.

Edwin Pinckney Becton.—We learn from our Southern exchanges of the death of Dr. Becton, who had for five years been superintendent of the Blind Institute of Texas. Dr. Becton was 66 years of age, a native of Tennessee, but had lived in Texas for 59 years.

Hiram Christopher. — Dr. Hiram Christopher, senior editor of our valued exchange, the Medical Herald, died at his residence in St. Joseph, Mo., full of years and honors. The deceased was an accomplished scholar and skillful physician. Dr. Christopher was a native of Louisville, Ky., where he was educated and received his degree of medicine. He had practiced his profession in several cities of the Southwest, and had acted as professor of chemistry, natural history, and languages in several colleges. In 1891 he was elected dean of the Ensworth Medical College.

Richard J. Dunglison. — Dr. Dunglison was a son of the celebrated Professor Robley Dunglison, of Jefferson College. He edited the recent issues of his father's well-known

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"Medical Dictionary," and was editor of Dunglison's College and Clinical Record. He had contributed largely to medical literature on many topics, was a member of numerous medical societies, and was treasurer of the American Medical Association for some years.

Archibald Hamilton Jacob.—Dublin has lost one of its most widely known practitioners in the person of Archibald Hamilton Jacob, long the editor of the Medical Press and Circular.

Max von Pettenkofer.—We were grieved to learn of the death, under distressing circumstances, of the illustrious Professor Pettenkofer, of Munich. The influence of the deceased in advancing public hygiene is universally recognized. Professor Pettenkofer had fallen into a state of melancholia, and took his own life.

Pan-American Exposition.—The Electric Tower, the magnificent centerpiece of the Exposition, 409 feet high, is practically complete, and as soon as the statute of the Goddess of Light, a beautiful winged female figure, is in place, the removal of the scaffolding will begin. This will reveal the most imposing and majestic structure of the character ever erected in the United States, if not in the world. Arrangements have been made whereby the entire structure will be thickly studded with electric lights, so that, at night, it will be aglow with thousands of incandescent bulbs which will give a daylight brilliance to the entire surroundings. The tower stands in the midst of a large group of beautiful buildings, which, also, are all to be illuminated according to the same elaborate plan. Tests of this illumination have already been made upon the Machinery and Transportation Building, and the wiring is complete for a number of other buildings. In fact, throughout the grounds the Exposition is taking on that finished appearance toward which we have all looked with intense interest and high expectation.

There will be no disappointment to any visitor, however high his anticipations, in regard to the magnificence of the Exposition and its comprehensive character. The greatest progress has been made in the Midway, where much has been accomplished and many of the buildings given a finished look. The Midway is not, by any means, an unimportant corner of the Exposition, as it has a length of some 3000 feet and an actual frontage of more than a mile. In some of the Midway shows hours may be spent most delightfully.

One of the glorious views of the Exposition will be from the Triumphal Bridge looking north toward the Electric Tower, some 2000 feet distant. On the right will be the Government Buildings, a splendid group of three great structures, the Ethnology Building, the Manufactures and Liberal Arts Building, and the Agriculture Building. On the left will be the beautiful group of Horticulture, Mines, and Graphic Arts Buildings, the Temple of Music, the Machinery and Transportation Building, and the Electricity Building. In the centre will be the Court of Fountains, with its rich embellishments of water-features and statuary. It will be a scene that visitors will pause to look upon many times during their stay at the Exposition.

American Monthly Review of Reviews.—Mrs. Nation's saloon-wrecking crusade is occasion of some pertinent paragraphs in the March Review of Reviews on the subject of American lawlessness, the lynching evil, and official responsibility for public order. On the question of Cuba's future relations with the United States the editor holds that much more time is required than the advocates of an extra session of Congress have allowed for: that, in short, Congressional action will not be demanded for many months to come.

Mr. W. T. Stead contributes a clever and well-informed character-sketch of King Edward VII. Mr. Stead finds much to admire in the king, and likens the transition from

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princeship to kingship, in the present instance, to Shakespeare's account of the transformation of "Madcap Hal" into the sober and resolute Henry V.

There appears a most interesting series of "Scenes of Country and Town in Australia" from recent photographs. These pictures serve to describe the Australian life of to-day in many phases. Those who have supposed that tea-growing is impracticable in the United States will be surprised by the title of an article contributed by Leonora Beck Ellis: "American Tea-gardens, Actual and Possible." The facts set forth by Mrs. Ellis fully justify the title of the article, for it is shown that tea is successfully grown and prepared for the market in the Carolinas, and there appears to be no good reason why the industry should not be conducted in other parts of the South.

The Hon. Le Grand Powers, chief statistician in charge of agriculture in the census office at Washington, summarizes "Agriculture in the Twelfth Census," showing the progress of the past decade as demonstrated by the returns from all sections of the United States. "How the Beet-sugar Industry is Growing" is the subject of an article by Ray Stannard Baker. The latest facts and figures are presented by Mr. Baker.

Prof. John R. Commons describes the remarkable arrangement between the employers and the employees of certain trades in this country by which differences are adjusted in delegate bodies representing both sides. These conferences are now held regularly by the longshoremen and the dock managers of the Great Lakes, by the bituminous coal-miners and operators, by the National Stove-founders' and the Iron-molders' Union, and by some other important trades. What gives especial timeliness to Professor Commons's article is the proposal to extend the system to the anthracite coal industry of Pennsylvania.

Dr. L. S. Rowe, of the commission to codify the laws of Porto Rico, suggests the value of military training as an aid to the civic development of the Porto Ricans. He shows that the personal cleanliness and regularity of conduct required in military service have already had a most beneficial effect in the civic reorganization of the island.

Dr. Ernest L. Bullard. — Dr. Ernest L. Bullard, of Waukesha, has been appointed superintendent of the State Hospital for the Insane at Mendota, Wis., *vice* Dr. W. A. Lyman, resigned.

Dr. Christian Fenger.—Dr. Christian Fenger, on account of distinguished service rendered in the United States and abroad, has been made a Knight of Dannebrog, by King Christian of Denmark, and has received the cross of that order.

Dr. A. H. Cleveland.—Dr. A. H. Cleveland has been elected laryngologist and rhinologist to the Presbyterian Hospital, Philadelphia: a department which has only been recently established by the board of trustees.

Epileptoid Trembling: A Symptom in Pulmonary Tuberculosis. — In the Revue Neurologique an interesting communication upon this new and little-known clinical sign of "epileptoid trembling" in pulmonary tuberculosis appears from the pens of M. Léopold Lévi and M. Follet. Epileptoid trembling as a symptom observable in phthisis is far from being exceptional; it is now known to clinical observers, though no mention is made of it in the text-books of medicine. Out of 50 cases this symptom was ascertained to be present in 9 instances. The following is a typical case: A young woman, aged 22 years, suffered from pulmonary tuberculosis and had a cavity in the apex of the right lung. When she put her foot on the ground a jerky spasm of the flexors of the ankle came on and was followed by clonic movements if pressure against the ball of the foot was maintained. Ankle-clonus and patellar clonus were easily elicited. There was no local mus-

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cular atrophy, and cutaneous sensibility was everywhere normal. Her occupation was that of a compositor, but she seemed quite free from symptoms of lead-poisoning. She was free from symptoms of hysteria and of epilepsy, but had suffered from attacks of indigestion, with headache, disturbances of vision, nausea, and epigastric discomfort. The visual disturbances occasionally took the form of hemiopia. A second case was similar to the above. Of the 7 other cases 2 were males and 5 were females, the ages varying from 18 to 30 years. Three of the latter had a previous history of typhoid fever, while another was at one time addicted to absinthe-drinking and appeared to be an unstable, emotional, neurotic person, subject to cramps of the great toe and vasomotor troubles of the feet. The fifth was nervous and was occasionally subject to hysterical fits. M. Lévi and M. Follet point out that none of their cases suffered from paresis, amyotrophy, trembling, or myoidema. It was not possible to elicit the reaction of debility or of cachexia in the muscles. The existence of pulmonary cavities in all the cases in which the symptoms of epileptoid clonic trembling were observed suggests the question whether such symptoms were due to the action on the spinal cord of toxins produced by the microorganisms in the lungs. M. Lévi and M. Follet do not believe that the symptoms belong to the class of phenomena known as idio-muscular contraction. While admitting that "epileptoid trembling" indicates a condition of excitation of the pyramidal tracts which, however, does not result in degeneration of the nerve-fibres, they incline to the belief that the trembling is due to the action of toxins of tuberculous or paratuberculous origin. The symptoms, in short, indicate the presence of the "mixed infection" which supervenes in the progress of pulmonary tuberculosis.—Lancet.

Heisler Anatomical Society. — Professor John C. Heisler, of the Medico-Chirurgical College, recently gave a reception to the members of the Heisler Anatomical Society and invited guests. The occasion was thoroughly enjoyed by all present.

Surgeon-General of Nebraska.—Dr. J. Cameron Anderson, of Omaha, was recently appointed Surgeon-General of the Nebraska National Guard.

The Union Medical Association of Northeastern Ohio.—At the annual meeting, officers were elected and standing committees appointed as follows: President, Dr. G. L. Starr, of Hudson. First vice-president, Dr. George S. Peck, of Youngstown. Second vice-president, Dr. A. E. Foltz, of Akron. Recording secretary, Dr. J. H. Seiler, of Akron (re-elected). Corresponding secretary, Dr. C. W. Milliken, of Akron. Treasurer, Dr. H. H. Jacobs, of Akron (re-elected).

The Brooklyn Eye and Ear Hospital.—At the annual meeting of the board of directors of the Brooklyn Eye and Ear Hospital, the following officers were elected for the ensuing year: President, Carll H. de Silver; vice-president, Thomas E. Stillman; treasurer, Henry D. Atwater; secretary, F. H. Colton, M.D.

Massachusetts Surgical and Gynæcological Society. — At the annual meeting in Boston the Massachusetts Surgical and Gynæcological Society elected the following officers: Dr. H. E. Spaulding, president; Dr. G. F. Martin and Dr. W. T. Hopkins, vice-presidents; Dr. T. M. Strong, general secretary; Dr. H. D. Boyd, assistant secretary; Dr. Grace E. Cross, treasurer; Dr. M. H. Houghton, auditor; Dr. George F. Adams, Dr. George H. Earle, Dr. Frank A. Gardiner, censors.

The Middlesex South District Medical Society of Massachusetts.—This society recently celebrated its golden anniversary with a reception and banquet at the United States Hotel, Boston. There were one hundred and seventy-five guests present. An historical sketch of the organization was

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read and speeches were made by a number of prominent physicians. The newly-elected officers are: President, Dr. C. H. Cook, of Natick; vice-president, Dr. E. G. Hoitt, of Marlboro; secretary, Dr. Albert August, of Cambridge; treasurer, Dr. Walter Ela, of Cambridge; librarian, Dr. E. Scott Dow, of Allston.

Wills Eye Hospital of Philadelphia.—Drs. John William Pancoast and William L. Zuill have been added to the staff of the above institution. Dr. John Welsh Croskey has resigned as surgeon and Dr. McCluney Radcliffe has been elected to the vacancy.

Changes in Hospital Staff. — The death of Dr. Schneider has necessitated several changes in the staff of the Williamsport Hospital. Dr. Thomas C. Rich has been elected secretary of the board of managers; Dr. William E. Glosser has been placed on the medical staff, and Dr. John A. Klump made abdominal surgeon.

Academy of Medicine.—Professor Jaccoud has been elected, with scarcely a dissenting vote, perpetual secretary of the French Academy of Medicine.

Southwestern Iowa Medical Association. —The election of officers resulted as follows: President, V. L. Treynor, of Council Bluffs. Vice-president, D. Macrea, Jr., of Council Bluffs. Secretary, F. E. Sampson. Treasurer, J. P. Claybaugh.

New York Skin and Cancer Hospital.—The governors of the New York Skin and Cancer Hospital announce the following course of clinical lectures on syphilis by members of the visiting and consulting staffs, on Wednesdays, at 4.15 P.M.:—

March 6th: Syphilis as a Disease: Modes of Infection: Extragenital Syphilis. By L. Duncan Bulkley, M.D.

March 13th: Skin Manifestations of Syphilis. By L. Duncan Bulkley, M.D.

March 20th: Infantile Syphilis. By A. Jacobi, M.D.

March 27th: Syphilis of the Mouth, Nose, Throat, and Larynx. By D. Bryson Delavan, M.D.

April 3d: Syphilis of the Eye and Ear. By David Webster, M.D.

April 10th: Syphilis of the Nervous System. By Edward D. Fisher, M.D.

April 17th: Syphilis of Internal Organs. By Edward G. Janeway, M.D.

April 24th: Syphilis of the Bones, and Surgical Relations of Syphilis. By Willy Meyer, M.D.

May 1st: Synopsis, Conclusions, and Treatment of Syphilis.

Cincinnati Academy of Medicine. — The recently-elected officers are: President, Dr. Nathaniel P. Dandridge; first vice-president, Dr. A. B. Isham; second vice-president, Dr. H. J. Whitacre; recording secretary, Dr. S. E. Cone; financial secretary, Dr. Magnus Tate; corresponding secretary, Dr. Louise Southgate; treasurer, Dr. Samuel Allen; librarian, Dr. Arch. I. Carson; trustees, Drs. J. F. Heady, C. R. Holmes, and Gustav Zinke.

The Scalpel. — We regret to learn that this excellent periodical, edited by Dr. Thomas Dolan, of Halifax, Eng., has ceased to exist. The British Medical Journal says: "Dr. Dolan has done good service for the cause of reform in many directions, notably in regard to the care of the sick poor, and he faithfully used his position as editor of a medical journal to promote philanthropy while safeguarding the rights and interests of his profession. But we cannot wonder that he has found the editorship of a 'live journal' (the phrase has the authority of Matthew Arnold) incompatible with the demands of a large practice. We are sure that many will join us in mourning the passing of the Scalpel."

Gold in Cigarettes. — W. J. Chalmers, who has had long experience in mining matters, tells many stories of "salted" mines in the Saturday-Evening Post. In one case in Mexico experts had gathered their sam-

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ples and were sure of the results; then they took them up to the mill to have the samples ground, exercising constant watchfulness. This is how the salting occurred: "The fact that the Mexicans who worked the hammer were industriously smoking native cigarettes as they swayed back and forth above the plate upon which the samples were being crushed into powder did not attract the attention of the experts, who naturally expected the proceeding as the usual thing. Of course, the ashes fell into the grist which accumulated on the bucking-board; but this was deemed of no consequence. Although the Mexicans seemed to take the work in a decidedly-leisurely way, this was charged to the native temperament. Had the grinders worked half as industriously as they smoked, their task would have been finished in half the time that it occupied."

"The Outcasts: A Tale of the Northwest."—Mr. W. A. Fraser, author of "Mooswa and Others," has written for early publication in the Saturday-Evening Post a short, stirring serial, entitled "The Outcasts."

The outcasts are a buffalo and a wolf-dog, and the greater part of the story is about the strange comradeship and striking adventures of these companions, and their pilgrimage, in company, to the distant plains of deep grass, of which the wolf-dog knew.

There are action, and strength of word and phrase in the story, and the touch of the soil and the music and charm and sombreness of the forest. The rush of the frenzied buffalo herd to death is told with splendid dramatic power. The plan of the book is a unique conception, and it is worked out on novel and entertaining lines.

The International Monthly for March.—Will. H. Low writes on "National Expression in American Art," especially applied to building and decorating. Mr. Low writes in a most optimistic strain of the possibilities open to American designers. André Lebon, who has held the Ministry of Commerce in France, writing on "The Situation of France in International Commerce," is very confident of her ability to hold her own in certain lines. He gives a graphic description of the conditions under which manufacture, trade, and agriculture exist in that country, and enumerates the advantages to be derived from various commercial and international movements. "The Problem of Development" by Prof. T. H. Morgan is a timely and valuable contribution to education, as is also an essay on "Child-study and Education" by James Sully, of London, in which this well-known author criticises Professor Munsterberg's recent paper "Psychology and Education."

Everyone should read E. R. L. Gould's paper on "Civic Reform and Social Progress." Mr. Gould is prominent in the attempt to bring about reform in New York. The city is the outcome of industrial and commercial requirements; necessity, not choice, has brought about the massing of huge populations in a narrow compass. A district in the Eleventh Ward in New York, comprising thirty-two acres, is the most densely populated region in the civilized world. The great virtue of the magazine is the authoritative character of the contents, never beyond the average reader, and presented in an interesting form. The International Monthly is published in Burlington, Vt., at $4.00 a year, three months' trial subscription 50c. The publishers will send a specimen copy to any address on request.

American Pediatric Society.—The American Pediatric Society will hold its Thirteenth Annual Meeting at Niagara Falls, on May 27, 28, and 29, 1901.

Philadelphia Hospital. — The Bureau of Charities has elected a dental staff constituted as follows: Dr. R. H. Nones, Dr. M. H. Cryer, Dr. J. Norman Brownell, and Dr. Thomas C. Stellwagen, Jr.

The Atlantic County Medical Society.—The annual meeting of the Atlantic County

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Medical Society was held recently at Atlantic City, N. J., and the following officers elected for the ensuing year: President, Dr. Theodore Boysen, Egg Harbor City; vice-president, Dr. William Edgar Darnall, Atlantic City; secretary and treasurer, Dr. Theodore Senseman, Atlantic City; reporter, Dr. A. Burton Shimer, Atlantic City.

Dr. Lindsay Peters.—Dr. Lindsay Peters, formerly an assistant to Dr. Howard Kelly, has been made one of the resident staff of the insane department of Bayview Hospital, Baltimore.

Testimonial to Professor Quinlan. — A complimentary dinner was tendered to Dr. Francis J. Quinlan, January 31st, at which a loving-cup suitably inscribed was presented to him. Many distinguished members of the profession were present, and representatives from the various hospitals and medical schools. The dinner was given under the auspices of the New York Celtic Society.

The Chicago Clinic.—The Chicago Clinic has been purchased by Dr. George Thomas Palmer and will hereafter be edited by Dr. Marcus P. Hatfield. A special feature will be made of a series of papers on the relation of the law to physicians, by Hon. John Mayo Palmer.

Book Reviews.

A Systematic Treatise on Materia Medica and Therapeutics, with Reference to the Most Direct Action of Drugs. By Finley Ellingwood, M.D., Professor of Materia Medica in Bennet Medical College, Chicago, etc. With a Condensed Consideration of Pharmacy and Pharmacognosy. By Prof. John Uri Lloyd, Ph.D., Professor of Chemistry and Pharmacy in the Eclectic Medical Institute of Cincinnati. Published by the Chicago Medical Press Company, Chicago, 1900.

Professor Ellingwood has produced a work which is undoubtedly well adapted to serve as a text-book in his own school of medicine. As should be expected, he dwells more particularly upon those substances with which his method of practice has rendered him familiar. The subject-matter of the book is arranged upon a good plan, and the descriptions are clear, concise, and to the point. The various drugs are classified in accordance with their predominant physiological activities. The author has included within his scope many of the more recently introduced substances and preparations in order that the student shall be informed upon the latest acquisitions to the resources of therapeutics. In so far as the eclectic system of medicine is concerned, this work must be a valuable exponent, and it is also one which any reader may consult with pleasure and profit. If we add that he will not always find himself in agreement with the statements and experience of the author, as much might be said of many other works which are not avowed representatives of a special mode of practice. The section contributed by Professor Lloyd gives an admirable compendious account of the pharmaceutical preparations commonly employed in medicine.

Manual of the Diseases of Children. By John Madison Taylor, A.M., M.D., Professor of Diseases of Children in the Philadelphia Polyclinic, etc., and William H. Wells, M.D., Adjunct Professor of Obstetrics and Diseases of Infancy in the Philadelphia Polyclinic, etc. Second Edition, Thoroughly Revised and Enlarged. Illustrated. Philadelphia: P. Blakiston's Son & Co., 1901. Price, $4.50.

This is an excellent treatise upon one of the most important branches of practice. It is based upon a wide study of the leading authorities in this department, strengthened or modified by the individual experience of the authors. The descriptions of the symptoms of the various diseases to

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which childhood is particularly subject are clear and graphic. The faithful delineation of symptoms leads naturally to the matter of differential diagnosis. The sections upon pathology are somewhat abbreviated in order to secure full space for the methods of treatment: the goal which is ever present to the mind of the practical man. The second edition has been largely rewritten, and has brought the text of the original issue well up to date. In the matter of infant-feeding there has been during the last few years a considerable change of opinion among those who have given the closest attention to the question. The advance of knowledge in this field is presented in a clear light. The chapter upon diseases of the nervous system has also been remodeled in accordance with the progress of clinical investigations. The result is that in the work before us we have a manual which will be a safe guide to the practitioner, so much of whose labor must necessarily be concerned with the affections of children.

A Text-book on Practical Obstetrics. By Egbert H. Grandin, M.D., Gynæcologist to the Columbus Hospital; Consulting Gynæcologist to the French Hospital; Late Consulting Obstetric and Obstetric Surgeon of the New York Maternity Hospital; Late Obstetrician of the New York Infant Asylum; Fellow of the American Gynæcological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, etc.; with the Collaboration of George W. Jarman, M.D., Gynæcologist to the Cancer Hospital; Instructor in Gynæcology in the Medical Department of the Columbia University; Late Obstetric Surgeon of the New York Maternity Hospital; Fellow of the American Gynæcological Society, of the New York Academy of Medicine, of the New York Obstetrical Society, etc. Third Edition, Revised and Enlarged. Illustrated with 52 Full-Page Photographic Plates and 105 Illustrations in the Text. 6 1/2 x 9 1/2 inches. Pages xiv-511. Extra Cloth, $4.00, net; Sheep, $4.75, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

The value of this work is amply attested by the swift succession of editions. In this issue the authors have introduced a chapter dealing with the anatomy of the female generative organs and embryology. The direct, practical character of the book has been universally recognized and appreciated. This volume is one which the physician may consult with confidence and profit. The practice of obstetrics is one which demands exact knowledge as well as cool judgment. The authors of this volume have had a wide experience, and they have been able to analyze that experience to such advantage that every reader of their book may become a sharer in their skill. The descriptions are graphic and precise, the typography and illustrations are of the best, and the result is a work which can be cordially recommended.

A System of Practical Therapeutics. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc. Second Edition, Revised and Largely Rewritten. Volume I. General Therapeutic Considerations—Prescription-writing—Remedial Measures other than Drugs—Preventive Medicine—Diathetic Diseases and Diseases of Nutrition. With Illustrations. Volume II. Fevers—Diseases of the Respiratory and Circulatory Systems—Diseases of the Digestive System and Kidneys—Nervous Diseases and Diseases of the Skin. With Illustrations. Lea Brothers & Co., Philadelphia and New York, 1901.

The title-page indicates the scope of the two volumes. Such an undertaking is, in reality, a collocation of monographs or essays by different writers. Consequently, each section is to be judged upon its individual merits. There is room for doubt as to the

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expediency of collecting a number of essays together and calling the assemblage a "system." However, in the present volumes we learn the methods by which the writers are in the habit of combating the diseases specified. The work, as a whole, necessarily partakes of the inequalities due to such a method of composition. It is true, those who have contributed to these volumes are widely known as writers and teachers and some are high authorities. The product of their pens is always of value, but the limitations of space interfere with the uniformity of presentation. It is needless for us to add that the prominence and experience of the contributors is a guarantee that what they have written will repay perusal and study.

Pulmonary Consumption, Pneumonia, and Allied Diseases of the Lungs; their Etiology, Pathology, and Treatment, with a Chapter on Physical Diagnosis. By Thomas J. Mays, A.M., M.D., Professor of Diseases of the Chest in the Philadelphia Polyclinic, etc. Illustrated. New York: E. B. Treat & Co., 1901. Price, $3.00.

Dr. Mays is a well-known writer on the subject of tuberculosis, and is an earnest advocate of its origin in morbid conditions of the nervous system. His methods of treatment are principally determined by his views concerning the etiology. In this book he has marshalled the facts and arguments upon which he founds his convictions, and has prepared a suggestive work. The author is a thoughtful man and the master of a forcible style. It goes without saying, therefore, that he is able to produce a book which will be widely read, and, whether the reader will agree or not with some of the conclusions or beliefs expressed therein, he will, at least, be interested in the manner and matter of the writer. In the chapters relative to treatment Dr. Mays speaks from a large experience. By studying a great question on all its sides and in all its aspects we are likely to gain broader conceptions of its nature and superior skill in coping with a destructive malady.

The History of Medicine in the United States. A Collection of Facts and Documents Relating to the History of Medical Science in this Country, from the Earliest English Colonization to the Year 1800. With a Supplementary Chapter on the Discovery of Anæsthesia. By Francis Randolph Packard, M.D., Illustrated. Philadelphia and London: J. B. Lippincott Company, 1901.

Dr. Packard is to be congratulated upon his choice of a subject and the manner in which he has executed his self-appointed task. We ought to be interested in the history of our profession, for it is an important chapter in the evolution of human culture. Coming nearer home, the story of the trials, difficulties, and success of medicine in this country should possess special attraction. The subject, moreover, should appeal with peculiar force to Philadelphians, since this city has taken an important place in the development of medical matters.

The author gives us an account of the conditions of practice in early colonial days, and describes the foundation of our first medical schools. We have been particularly pleased with Chapter VI, which relates to the medical profession in the War for Independence. Many of the physicians of that period occupied prominent public positions. Chapter VII, on the earliest hospitals, will also attract much attention.

Dr. Packard has brought together from all the sources at his command material which he has woven chronologically into an orderly narrative of the rise and progress of the profession until medical teaching became instituted firmly and successfully in the United States and he has added a chapter on that discovery which reflects so much credit upon American medicine, viz.: anæsthesia. We take pleasure in commending the book.

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Physical Diagnosis in Obstetrics. A Guide in Antepartum, Partum, and Post-partum Examinations for the Use of Physicians and Undergraduates. By Edward A. Ayers, M.D., Professor of Obstetrics in the New York Polyclinic, etc. With Illustrations. New York: E. B. Treat & Co., 1901. Price, $2.00.

In this work the author has given us a clear and succinct account of the accepted methods in the examination of parturient women, from the seventh month of pregnancy until she has been delivered. This is a subject of immense importance, dealing, as it does, with the safety of a mother and an unborn child, and he who faithfully studies this work of Dr. Ayers's will place himself in a position to discharge his duties to his patients in the light of the highest modern attainments.

Retinoscopy (or Shadow-test) in the Determination of Refraction at One Meter Distance with the Plane Mirror. By James Thorington, A.M., M.D., Author of "Refraction and How to Refract"; Professor of Diseases of the Eye in the Philadelphia Polyclinic and College for Graduates in Medicine, etc. Fourth Edition, Revised and Enlarged. With 51 Illustrations, 12 of which are Colored. Philadelphia: P. Blakiston's Son & Co., 1901. Price, $1.00.

This is a meritorious and successful book, as is evidenced by the rapid call for new editions. With each additional issue the text has been revised and improved in many minor points, and it now presents the subject in the light of the author's growing experience. The value of this method has been demonstrated.

A Treatise on Appendicitis. By George Ryerson Fowler, M.D., Professor of Surgery in the New York Polyclinic, etc. Second Edition, Revised and Enlarged. Philadelphia and London: J. B. Lippincott Company, 1900.

Dr. Fowler's work on appendicitis met with a deservedly favorable reception. The author is known as an operator of skill and a practitioner of judgment. His utterances on any question command attention. We are by no means surprised that a second edition should so soon be rendered necessary. The book originally possessed many characteristic features. In preparing this edition the author has incorporated all matter of value which has been brought to light since the first publication. We have, therefore, in a work of moderate size and destitute of needless verbiage or detail, an exponent of the present state of knowledge upon an important and much-discussed subject. It is written particularly from the surgeon's point of view.

Diseases of the Heart, their Diagnosis and Treatment. By Albert Abrams, A.M., M.D., San Francisco; Consulting Physician for Diseases of the Chest to the Mt. Zion Hospital and the French Hospital. Illustrated. Pp. 172. Price, $1.00, net. Chicago: G. P. Engelhard & Co., 1900.

This is a well-written, useful little book, issued in excellent style. The text is everywhere concise and to the point. The lesions and the symptoms to which they give rise are clearly explained, as well as the manner in which we interpret abnormal cardiac sounds. Neuroses of the heart and affections of the arteries are also included. The important matter of treatment is discussed with special care, and the fundamental principles by which we should be guided are plainly enunciated.

Urinary Diagnosis and Treatment. By J. W. Wainwright, M.D., Member of the American Medical Association, New York State Medical Association, New York County Medical Association, etc. Illustrated with Numerous Engravings and Colored Plates. Pp. 140. Price, $1.00, net. G. P. Engelhard & Co., 1900.

This is a serviceable book and a pretty specimen of the printer's art. It has been

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the laudable aim of the author to simplify the subject as regards the methods of examining the urine and at the same time to present the latest conclusions relative to the treatment of the conditions found. He has sought, furthermore, to accomplish his object within such space as would suit the time and convenience of men who necessarily are too much engaged in the arduous work of their profession to command the opportunity of studying elaborate treatises. As a book of ready reference it will be deservedly esteemed.

Medico-Surgical Aspects of the Spanish-American War. By Lieutenant-Colonel Dr. Nicholas Senn, Chief-Surgeon of United States Volunteers, Chief of Operating Staff with the Army in the Field, Professorial Lecturer on Military Surgery in the Chicago University. Chicago: American Medical Association Press, 1900.

Professor Senn is not only a noted surgeon, but he is also a man of broad sympathies and interests, as well as an interesting writer on general and semiprofessional topics. In the present work he describes in succession the various events of the short Spanish-American War as they passed beneath his eyes and within his experience. From the work of preparation to the life of the troops in the camps and at the front, all is narrated as seen by a luminous intelligence. The labors of the medical corps and of the nurses are related with a full appreciation of the unselfish devotion with which they struggled against inherent difficulties. Dr. Senn writes of the surgery which was done in the camps and hospitals, of the qualifications of the military surgeon, on the art of nursing in war, and of certain physical defects found in those offering themselves for enlistment. All this is told in lucid English, and it will be a pleasure to every reader to learn from an authoritative source of the good work done by volunteer medical men. The book will well repay perusal.

The Students' Manual of Venereal Diseases. By F. R. Sturgis, M.D., Sometime Clinical Professor of Venereal Diseases in the Medical Department of the University of the City of New York, etc. Seventh Edition, Revised and in Part Rewritten by F. R. Sturgis, M.D., and Follen Cabot, M.D., Instructor in Genito-Urinary and Venereal Diseases in the Cornell University Medical College, etc. Philadelphia: P. Blakiston's Son & Co., 1901.

This is an admirable book for the intended purpose. Its main object is to ground the student of medicine in the chief facts relating to venereal diseases. With this thought in view the authors have exercised a wise compression. A complete knowledge of these diseases, especially syphilis, requires the study of many years, perhaps we should rather say of a life-time. If, however, the groundwork has been properly laid, the superstructure is more easily and surely added. The basis is securely laid in the book before us, and it can be confidently recommended for the use of students and practitioners. Its popularity is proved by the number of editions through which it has run.

Infant-feeding in Health and Disease. A Modern Book on all Methods of Feeding. For Students, Practitioners, and Nurses. By Louis Fischer, M.D., Attending Physician to the Children's Service of the New York German Poliklinik; Bacteriologist to St. Mark's Hospital; Professor of Diseases of Children in the New York School of Clinical Medicine; Attending Physician to the Children's Department of the West-side German Dispensary; Fellow of the New York Academy of Medicine, etc. Containing 52 Illustrations, with 16 Charts and Tables, Mostly Original. Pp. 368, 5 3/4 x 8 inches. Neatly Bound in Extra Cloth. Price, $1.50, net. Delivered. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

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Few themes are of more importance than that which Dr. Fischer discusses in this work. Not only parents are interested in the most intelligent and improved methods of feeding infants, but the subject appeals powerfully to the philanthropist, communities, and nationalities. Like some other great topics with which the medical profession has to deal, this transcends, in some respects, purely professional bounds. All aspects of this great subject are considered in this book. After preliminary chapters describing the function of digestion in the infant the author proceeds to study the respective merits of various methods of artificial feeding, the modifications of cows' milk, the composition of different artificial foods, and other matters which are closely connected with the general question. The text is fortified by tables, analyses, diagrams, and illustrations, and presents the whole subject in an interesting and instructive manner. Many acute scientific observers have given continuous attention for years past to this problem. Advances in the knowledge of physiological chemistry have aided the patient inquiries of the clinician. Many opinions which formerly prevailed have been reversed. The progress of knowledge in this field is clearly expounded in the pages of Dr. Fischer's book, which can, as a consequence, be recommended as an excellent and practical textbook manual.

CURRENT MEDICAL LITERATURE.

The Closure of Cutaneous Wounds Without Suture. By Howard Lilienthal, M.D., New York.

Quick Removal of Tape-worm: Tænia solium. By A. J. Weldon, M.D., Paris Landing, Tenn.

Sanitation and Progress. By Walter Wyman, Surgeon-General, U. S. M. H. S. Public Health Reports. Volume xvi, No. 8. February 22, 1901. Supplement.

Supplement to Public Health Reports, Volume xv, No. 49. Washington, D. C., December 7, 1900.

Public Health Reports. Volume xvi, Nos. 2 to 9. January 11, 1901.

Appendicitis. By B. Brindley Eads, M.D., Chicago.

Ventral Hernia Following Abdominal Section. By B. Brindley Eads, M.D., Chicago.

Small-pox: its Diagnosis, Treatment, Restriction, and Prevention, with a Few Remarks upon the Present Epidemic. By Louis Leroy, B.S., M.D.

Farming in the City. Fourth Annual Report of the Philadelphia Vacant Lots Cultivation Association. Season of 1900.

Public Health Reports. Volume xv, No. 51. Washington, D. C., December 21, 1900.

Proceedings of the Fifteenth Annual Meeting of the Conference of State and Provincial Boards of Health of North America. Atlantic City, June 1 and 2, 1900.

Some Measures for the Prevention of Crime, Pauperism, and Mental Deficiency. By G. Hudson-Makuen, M.D., Philadelphia.

The Comparative Value of Enucleation and the Operations which have been Substituted for it. By G. E. de Schweinitz, A.M., M.D., of Philadelphia, Pa.

Nutrition Investigations at the California Agricultural Experiment Station, 1896-1898. By M. E. Jaffa, M.S.

A Crushable Button as an Aid to Suturing in Intestinal Anastomosis. By R. C. Coffey, M.D., Portland, Oregon.

Further Laboratory Studies on Uric Acid in Neurasthenia, and on Autointoxication in Nervous Disease. By F. Savary Pearce, M.D., Philadelphia.

The Offending Middle Turbinal. By Edwin Pynchon, M.D., Chicago.

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COMMERCIAL NEWS.

LOCAL ANÆSTHESIA IN HÆMORRHOIDAL OPERATIONS AND ALL VARIETIES OF MINOR SURGICAL WORK.

By O. W. Green, M.D.,
CHICAGO, ILL.

Since there are so many people suffering more or less with hæmorrhoids, and since orificial operations along that line have been performed only under general anæsthesia, we desire to call attention to the fact that we have formulated a method by which hæmorrhoidal operations are painlessly performed without the aid of general anæsthesia. The operations are rendered painless by using the local anæsthetic "acestoria."

Our method of operating on hæmorrhoidal tumors is as follows: First, the patient is instructed to take a cathartic the night before the operation, and an enema in the morning. With a saturated solution of boric acid thoroughly cleanse the rectum, using a syringe or otherwise, and then immediately inject every tumor in sight with acestoria until each tumor is not sensitive to the prick of the needle. Sometimes it is best to use the bivalve speculum before, sometimes after, injection, and sometimes not at all. It depends upon the condition and location of the piles.

With hæmorrhoidal forceps, or Péan's artery-forceps, pick up each tumor at its centre, and turn it out.

We generally use the clamp method when possible: Kelsey's or Pratt's clamp. After turning the tumors slightly outward with the forceps, which were left hanging to them, each, by turn, is clamped at its base.

Then with a straight needle put in two or more stitches, as may be needed, back of the clamp.

Remove the clamp and cut the tumor with straight scissors through the white line made by the middle blade of the clamp. There will be no hæmorrhage if this line is followed. The stitches are now tied. Each tumor is thus treated. Then with hydrozone and hot water, 1 part of the former to 5 of the latter, syringe or spray the field of operation thoroughly.

The object of using hydrozone is twofold: It is the safest and best germicide and hæmostatic we have yet used, and we have tried many. Not being a poison, and depending upon the oxygen it contains for its action, renders it safe under all circumstances, both externally and internally.

As a dressing, we have several times used nothing, simply cleansing with hot water and hydrozone.

An ideal dressing is ordinary sterilized gauze moistened with glycozone. Glycozone is anhydrous glycerin saturated with ozone: a powerful germicide and promoter of healthy granulation.

To prevent pain usually caused by the prick of the hypodermic needle, touch the point chosen for insertion with a glass-pointed rod, dipped into 95-per-cent. carbolic acid.

To anæsthetize the ear and stop earache, incline the patient's head to one side and drop into the ear about 5 drops of acestoria, or sufficient to fill the external meatus.

Use acestoria hypodermically in all cases where incisions or excisions are to be made, such as operations on ingrowing toe-nails, removal of splinters from the flesh, opening boils, abscesses, carbuncles, etc.—Medical Times and Register, Philadelphia, February, 1901.

MEMBRANOUS CROUP.

By Louis J. Pons, M.D.,
ROXBURY, CONN.

Diphtheric, or true croup, is probably the most fatal disease of childhood, one which kills with such rapidity, and where our best remedies prove of little avail; and it is not strange that the medical attendant

(Continued on Advertising Page 18.)

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PIL: ARTHROSIA (Warner & Co.)

FOR CURE OF GOUT AND RHEUMATISM.

FORMULA: Acidum Salicylicum; Resina Podophyllum; Quinia; Ext. Colchicum; Ext. Phytolacca; Capsicum. 60c. per 100.

PERISTALTIC.

(*Trade Mark.*)

Aloin..... ¼ gr. Ext. Bellad..... ¼ gr.
Strychnia..... 1-60 gr. Ipecac..... 1-16 gr.

Dose—One to Two Pills.

PIL: SUMBUL COMP.

(Warner & Co.)

(Dr. GOODELL.) Each containing:

Ext. Sumbul..... 1 gr. Ferri Sulph. Exs..... 1 gr.
Asafœtida..... 2 grs. Ac. Arsenious.....1-60 gr.

Dose—One to Two Pills. $1.00 per 100.

"I use this pill for Nervous and Hysterical Women, who need building up." It is used with great advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo Soda. One to two pills taken three times a day.

PIL. CASCARA CATHARTIC.

(Warner & Co.)

℞

Cascarin, Ext. Bellad..... ¼ gr.
Aloin.....āā ¼ gr. Strychnin..... 1-60 gr.
Podophyllin ..... 1-6 gr. Gingerine..... ¼ gr.

Dose—One to Two Pills. 60c. per 100.

Wm. R. Warner & Co.'s TONO NERVINE TABLETS.

℞

Ext. Damiana..... 1 gr. Ext. Sumbul ..... ¼ gr.
Phosphorus ..... 1-100 gr. Ferri Carb..... 1 gr.
Asafœtida ..... ¼ gr. Ext. Nux Vomica.....1-10 gr.

Dose—Two Tablets before meals for adults.

SUPERIOR TO PEPSIN OF THE HOG

INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 to 20 Grains.

PREPARED BY

WM. R. WARNER & CO.,

Manufacturers of Reliable and Soluble Coated Pills.

PHILADELPHIA (Home Office). CHICAGO. NEW YORK.

Goods supplied upon Physicians' Prescriptions by all Leading Druggists or by mail.

Palatable **VERY EASILY PREPARED** Nourishing

ESKAY'S Albumenized FOOD

For Infants

Mix with water, boil, add milk and administer.

For Adults

Boiling of the milk increases the palatability.

ESKAY'S FOOD being a *cooked* food has a deliciousness of flavor and palatability which is entirely wanting in raw or uncooked foods, and is relished by patients continuously in all acute diseases requiring an easily digested diet.

A prominent Philadelphia physician writes:

"In addition to its nourishing qualities I find Eskay's exceedingly palatable, a very great consideration with patients on a limited diet."

Samples and clinical reports sent on application to
SMITH, KLINE & FRENCH CO., Manufacturers, Philadelphia

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feels helpless when called to treat a case of genuine croup.

Theoretically, many of our standard prescriptions ought to relieve, but on trial prove to be failures. To witness the gasping and struggling for breath, and other symptoms caused by impeded respiration and imperfect oxidation of the blood, and the inability to help the sufferer, is unpleasant and appalling to any physician.

During a practice of fifteen years I have attended quite a number of such cases, with a mortality of 80 per cent. Last winter I treated two cases, and both recovered.

CASE I.—A. F., male, aged 22 months, for two days previous to my first visit had what the mother supposed to be a hard cold. I found the child's temperature 102° F.; pulse, 135; appetite poor; bowels constipated; urine scanty; obstructed respiration, and the peculiar cough characteristic of croup. With the exception of a few bronchial râles, the lungs appeared normal.

Treatment.—One-tenth grain of calomel every two hours until bowels moved freely; $^1/_2$ grain of quinine sulphate every four hours; tartaric emetic and bichromate of potash, of each, $^1/_{100}$ grain, every two hours. External applications of turpentine, 1 part, and olive-oil, 5 parts. Also had room saturated with the vapor from a dish on the stove, containing boiling water, to which we added several times a day a tablespoonful of a mixture containing equal parts of carbolic acid, turpentine, and oil of eucalyptus. The next morning I found the patient's condition about the same. Treatment continued.

At 8 P.M. the father came for me (eight miles in a severe snow-storm), saying the baby was in such a low condition that I should probably find him dead when I arrived. Beside my regular medicine bag, I also took a tracheotomy tube and a vapo-cresolene lamp. The little sufferer seemed to be beyond aid, and the end near; nevertheless I succeeded in having him swallow $^1/_{200}$ grain of glonoin, and in a few minutes an emetic of ipecac; erected a sort of a tent about the cradle, lighting the vapo-cresolene lamp, and, placing it on one side, fixed a newspaper so that the vapor must draw across the child's face, leaving a small outlet on the other side of the tent.

In less than an hour the child became uneasy, and vomited quite a quantity of mucus, and several pieces of membrane, the largest measuring three inches by one-half inch. This gave him some relief, and the breathing became somewhat freer. Keeping up the vapo-cresolene, I prescribed the dark iodide of lime, $^1/_4$ grain every hour; sulphate of quinine, $^1/_2$ grain every four hours, and $^1/_2$ teaspoonful of whisky every two hours. For nourishment, bovinine and milk.

In forty-eight hours improvement was so marked that the above treatment was stopped, and syrup of hypophosphite compound and syrup of hydriodic acid substituted.

CASE II occurred a few weeks later, and was similar to the first one. Profiting by my previous experience, we at once started the vapo-cresolene, and giving quinine and iodide of lime, as in the other case; also a laxative, and turpentine and oil applications to chest and throat. Although he was in a precarious condition when treatment was commenced, he improved so that by the third day we considered him out of danger.

In my opinion, the vapo-cresolene was an important factor in the cure of these cases, as well as in whooping-cough, having used it considerably in an epidemic, some years ago, with benefit.

I think we are prone to change medicines too often in all kinds of diseases, expecting too quick results, and not having patience to give a certain line of treatment a thorough trial. From experience, I find that cases of pneumonia, typhoid fever, and many other diseases will do better (with rare exceptions) on a plan of treatment laid out during the first few days, than by daily changing medicines. By this I do not in-

(CONTINUED ON ADVERTISING PAGE 20.)

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Packer's Tar Soap.

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

"They are Merck's!"

DRUGS and Chemicals once identified as Merck's need no further evidence of their PURITY and RELIABILITY. Pharmacists who wish to convince physicians that the prescriptions they compound contain the best ingredients the market affords avoid all necessity for argument by saying:—

"THEY ARE MERCK'S!"

Nearly two hundred and fifty years ago the Merck Laboratories were established. Drugs and chemicals of their manufacture have stood the ever increasing rigor of purity tests from successive Pharmacopœias and Pharmacopœial revisions. In order to secure the highest possible results in your practice as a physician you would do well to supplement your carefully made diagnoses with prescriptions for remedies in which you SPECIFY MERCK'S

A few of Merck's Products
COCAINE HYDROCHLORATE
MORPHINE SULPHATE
ICHTHARGAN
ICHTHOFORM
CREOSOTE (BEECH-WOOD)
CARBOLIC ACID

CHOCOLATE-COATED TABLETS

HEROIN AND TERPIN HYDRATE.

Each Tablet contains Heroin, 1-24 gr.; and Terpin Hydrate, 2 grs.

ELIXIR OF HEROIN.

ELIXIR OF HEROIN AND TERPIN HYDRATE.

ELIXIR OF HEROIN AND TERPIN HYDRATE COMPOUND.

Contains Heroin, Terpin Hydrate, Refined Oil of Tar, Tinct. Lobelia, Tinct. Gelsemium.

The field of utility of Heroin comprises all diseases of the respiratory tract attended with cough and dyspnea. It is particularly valuable in the treatment of pulmonary and laryngeal tuberculosis, bronchitis, laryngitis, pneumonia, broncho-pneumonia, emphysema, asthma, hay fever, and whooping-cough.

The established value of Terpin Hydrate as an expectorant and alterative in the same class of diseases in which Heroin has been employed, especially chronic bronchitis, asthma, and emphysema, has induced us to offer the eligible combination of these drugs above indicated.

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tend to convey the idea to use a stereotyped treatment in all cases, but a careful study of each case at the start, and then decide on a line of treatment, treating complications as they arise.

A Notable Distinction.

The current number of the Canadian Journal of Medicine and Surgery, which is one of the representative journals of Canada, contains an article which is, perhaps, one of the most scientific ever written upon the subject of the treatment of bronchitis. All the various methods of treating this affection are discussed in detail and their merits compared; numerous formulæ of the official drugs of the pharmacopœia are also suggested. There is, however, but one proprietary remedy mentioned as being of sufficient value to merit distinction. This remedy is Angier's petroleum emulsion, and the writer states that it is of specific value in affording prompt relief from the symptoms of inflammation of the respiratory tract. Cough is promptly checked, expectoration made easy and free from effort, and the sensations of irritation and inflammation in the chest are almost immediately abolished.

The writer of the above-mentioned article states that these beneficial effects of Angier's petroleum emulsion are noted even in chronic obstinate forms of bronchitis, and that this remedy may be relied upon to effect a cure.

Uric Diathesis.

Please accept my best thanks for the lithiated hydrangea (Lambert) you forwarded to me for the purpose of making trials in my practice. To know that this pharmaceutical product contains the benzosalicylate of lithia sufficed to induce me to prescribe it in full confidence to a certain class of my patients, and I have obtained most satisfactory results from its administration, especially to those suffering from gout and rheumatism, improvement being rapid, and manifested after but a few doses of the lithiated hydrangea had been administered. I am continuing my observations with said preparation in order to gain a more thorough knowledge of its therapeutical effect in cases of cystitis, hæmaturia, and renal calculus.—F. Vidal Solares, M.D., Calle de Vergara, núm. 12, Barcelona.

A Twentieth-Century Resume.

The makers of lactopeptine, liquid peptonoids, and hemaboloids are engaged in compiling and arranging a sixty-four page book, entitled "Facts and Figures, Medical and Otherwise, from the Census of 1900 and Other Reliable Sources." Fully one-half of this volume (thirty-two pages) is made up of full-page colored lithographic maps and schematic diagrams, illustrating in a thoroughly clear, concise, and graphic manner the most interesting and important subject-matter, so that the reader can comprehend and appreciate it at a glance.

The following are some of the more interesting and important statistics thus graphically illustrated: "Accessions of Territory"—a map of the United States, showing by means of contrasting colors, our original territory and subsequent accessions, with the dates, amounts paid, and from whom purchased or ceded; "Distribution of Population by States"—a map similarly varicolored, showing at a glance the comparative density of the population of each State and territory; "Increase and Decrease of Population, 1890-1900"—illustrating the percentage of increase of each national subdivision; similar maps of Cuba and Porto Rico, respectively. Of medical and climatological interest are maps and diagrams illustrative of the comparative mortality of the various infectious diseases in the twelve principal cities of the United States; diphtheria mortality of New York, Massa-

(Continued on Advertising Page 22.)

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chusetts, Philadelphia, England, London, Chicago, Berlin, Paris, etc., showing graphically the pre- and post- antitoxin death-rate; mortality from anæsthetics; ratio of deaths to inhalations; maps showing variations of altitude, sunshine, rain-fall, etc., of different sections of the United States; schematic design showing comparative elevation above sea-level of the principal health resorts, with climatological and meteorological data relating to each. Other attractive charts represent the division of the population of each State and territory as regards city and country dwellers; color, race, etc.

The manufacturers of liquid peptonoids, hemaboloids, and lactopeptine, who intend to present this souvenir to their friends in the medical and dental professions, will be pleased to receive and file requests for same.

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"Last fall Dr. H. C. Miller and myself advised the disinfection of the local school with Platt's chlorides, and about two dozen bottles were used. This winter, while diphtheria, grip, and other contagious diseases prevailed in schools around, ours was exempt. The attendance is better than for years, and the rooms are sweet and pure."—John Fell, pharmacist, Greentown, Ind.

Paris Exposition, A.D. 1900.

The exposition awarded the highest prize to William R. Warner & Company in their class for the recognized superiority based upon the following claims:—

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Messrs. Warner & Company claim for soluble coated pills and granules quick solubility, accurate subdivision of the drug, the use of selected excipients in making the mass, avoiding incompatibility and insuring quick disintegration and a thorough assimilation of the medicament. The inner mass is thoroughly protected from atmospheric influences by the soluble coating as applied, presenting at once a form of medicine which is reliable and permanent, and not affected or impaired by age. They possess decided advantages over the ordinary pill of the pharmacy, extemporaneously prepared, in that the minute division of powerful chemicals is more readily reached by accurate processes and facilities invented and used specially for the purpose.

For granular effervescent salts they claim uniformity of granulation, prompt effect of the applied remedy, and general elegance of the finished product.

Claim for effervescent lithia-tablets, convenience, reliability, uniformity of dosage, whereby a lithia-water can be made extemporaneously of a standard strength and known dosage, added to which is the economy of the product.

For medicinal fluid extracts claim a product of standard strength, prepared according to the latest approved processes, representing the active principles of the drug employed, each minim of the solution representing 1 grain of the ground drug, from which all inert matter has been eliminated.

As an attestation of these claims, they quote the fact that they have received not less than 16 highest medals from as many different World's Expositions which have been held, dating from the year 1873 to the present time, and further that they have

(Continued on Advertising Page 24.)

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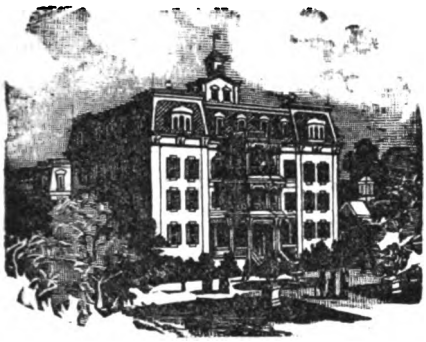

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received hundreds of testimonials from the jurors who have passed upon their products in local expositions both at home and abroad. Incidental to this might be mentioned the award of a silver medal by the International Medical Congress held at Rome, Italy; their last triumph, more of a local nature, a silver medal and special mention by the National Export Exposition held at Philadelphia, 1899, and which they believe was the highest and only award for the particular articles referred to.

A gold medal awarded at the Sydney World's Fair and an honorary membership bestowed by the Pharmaceutical Society of New South Wales, and 70 medals and diplomas awarded at various exhibits, including the above. This is the triumph of forty years' experience in pharmaceutical chemistry.

THE USE OF BROMIDES IN HYSTERIA, DELIRIUM, ETC.

By J. S. Murphy, M.D.,
SULLIVAN, IND.

Considerable has been written on this subject, which has all the respectability of ancient lineage, and, like most other obscure things, has received no stint of authoritative attention. The etiology of hysteria has never been satisfactorily explained. For a long time it was thought to be in some way related to uterine disturbances. But while it is not denied that sexual disorders may have a bearing on the primal cause of the phenomena, still it is also claimed that the ailment attacks both sexes. We have progressed not further than this.

The treatment at best has been attended in most cases with disappointing results. We are confronted with a "loss of due balance between certain of the high functions of the brain, spinal cord, and sympathetic system." The treatment obviously should be, then, to restore this balance. Rest is a very essential feature. By rest is meant restraint of overaction of certain of the spinal nerve-centres. My experience has taught me that nothing gives better results than the combined bromides; and these should be of the very purest obtainable. For this reason I have availed my professional self of Peacock's, not only for their purity,—freedom from bromates and carbonates so common to the commercial bromides,—but also on account of their ideal synergistic effects and the fact that they are neutral in reaction, which permits of combining certain alkaloids in the solution without fear or danger of precipitation.

In various forms of neurosis I have found Peacock's bromides invaluable as an all-round agency of alleviation and cure. They have never disappointed me. In obstinate cases of epilepsy, where the treatment is necessarily protracted, I find them particularly useful in that their administration is not followed by the too-common symptoms of bromism. And I would specially urge their utility in instances of delirium following alcoholic excesses.

Anything that conserves the vital forces, that does not depress any organ, as, for example, the cardiac centre, anything that gives the rest of normal sleep when repair is greater than waste, anything that tends to restore the nervous equilibrium, soothing the exciting centres, whatever and wherever they may be, must benefit the entire organism, when each separate organ, then, of course, will receive its needful quota of help. And, since local treatment is out of the question, I cannot conceive of better procedure, or one more infallible to the successful management of hysterical cases.

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THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

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Original Communications.

FANGOTHERAPY.[1]

BY W. C. HOLLOPETER, A.M., M.D.,

Professor of Pediatrics in the Medico-Chirurgical College of Philadelphia, Pa.; Pediatrist to the Philadelphia Hospital; Physician to the Methodist Episcopal and to the St. Joseph Hospitals, etc.

THE recognition of a method of treatment having a wide application for the relief of suffering always demands our attention. Some years ago a patient of mine returning from Italy mentioned in the most enthusiastic terms the curative virtues of fango, derived from the little lakes near Battaglia, Italy, and at a subsequent visit he was so impressed with the unusual healing powers that he brought with him fifty barrels of this fango and one of the Italian *masseurs*. For more than one year and a half I have been watching the merits and defects of fangotherapy on some of my chronic sufferers, and I have deemed the subject of sufficient interest to bring it forward to-night.

Fango is the Italian word for slime, or mud. It is found in large quantities around Battaglia,—an old, renowned watering place,—which, besides the volcanic slime, possesses also a number of hot springs. The virtues of the slime and springs are locally historic and were apparently known to the ancients. The fango is obtained from a small lake in a beautiful park near Battaglia. These lakes are fed by hot springs issuing from a huge mountain-rock (St. Elena). It is said that, if an observer attentively watches the small lakes, he will notice continually the rising of little bubbles, bursting as they rise. These little bubbles bring up infinitely small particles of mineral slime, which, bursting, sink immediately down to the bosom of the pond, accumulating thus into a grayish-brown bulk which is known as fango. Evidently the real birthplace of these particles forming the fango are craters at the bottom of the water. This material is raised all the year around, but productive Nature renews it incessantly; so that it seems impossible that it ever should be exhausted. Fango is a grayish-brown material, smooth as putty, with no distinctive odor. It is free from stones, roots, or particles of wood, and feels as soft as velvet to the skin. Chemical analysis shows that it is rich in iron, argillaceous herbs, magnesia, lime and alkalies united to phosphates, sulphuric acid, and carbonic-acid gas. This volcanic slime does not undergo deterioration by removal from its birthplace, nor does it apparently lose any of its healing powers. Hence it can be exported in barrels, casks, or tin boxes. Its chemical and physical qualities undergo no alteration. In this sense fango can be

[1] Read before the Philadelphia County Medical Society, March 27, 1901.

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made an international remedy, and can be used without any further preparation than the application of heat. The mud of many well-known watering places in this country loses its physical and chemical characteristics after transportation. Fango is used only once, not as a bath, but laid in direct layers on the affected parts. It can be easily removed and the body of the patient cleansed with tepid water. Fango is an especially bad conductor of heat, keeping its artificial warmth for a long time, which is very important in local treatment.

Method of Using Fango. — An entire covering of the body is practicable, but in most cases local applications suffice. A warm blanket, 260 by 160 centimetres, should be placed on the bed, and upon this a piece of water-proof cloth, India-rubber cloth, of the same dimensions. The hot fango (98° to 105° F.) is spread, on the part where the suffering is apparent, to the thickness of 3 centimetres. In a case of sciatica or gout of the lower limbs the leg is covered with fango up to the hip. In rheumatism of the upper extremities the shoulder and the arm are enveloped. After the application of fango the patient is well covered with blankets in order to retain the heat and produce perspiration. The patient may, according to circumstances, remain thus covered for from one-half to one hour. Afterward the patient is divested of his wrappings, takes a lukewarm bath, and cleanses himself of the fango; this is followed by a refreshing douche. After the patient dresses he should rest for about an hour before going into the open air.

The Therapeutic Properties of Fango.—Fango has the mechanical effect of a warm compress, which, as is well known, is a valuable anodyne. This effect is evidently due to cutaneous irritation, adhesions of the fango working as a sort of massage to the ailing part. There is dilatation of the vascular system and stronger current of blood to the suffering parts; the quickened circulation takes place in consequence of the strong excretion of perspiration. Fango possesses a large percentage of iron and sulphur and other mineral ingredients, and, although it may be difficult to explain in what manner these ingredients act, there is no doubt that fango has chemical, as well as physical, qualities in therapeutics.

Indications for the Use of Fango.—In Italy nearly all chronic diseases are treated with mud or moor baths, but certainly in serious cardiac or renal diseases the hot mud-bath should be used with great caution.

Fango is especially useful in the following affections: Diseases of the muscular system; subacute or chronic articular rheumatism; rheumatoid arthritis; chronic gout; traumatic or chronic exudates; localized neuralgias of all kinds, especially of traumatic and rheumatic origin; peripheral neuritis; syphilitic neuritis; paralyses; sciatica, and neurasthenia.

Case Reports.—The narration of a few cases that have been submitted to the treatment of fango under my direction may best illustrate its therapeutic influence:—

Case I.—In November, 1888, a lawyer, aged about 60, had an attack of rheumatism which prostrated him for seven months, with a progressive involvement of the joints,—the ankles, knees, fingers, wrist, elbows, and shoulders,—until 1895, when all of the joints and even the neck and jaws were almost completely ankylosed, with a complement of nodules on the head, arms, and hands. His knees gradually became very much distorted, and he could not stand or walk without crutches and never without severe pain. His hands and arms also became greatly distorted. The small bones of the hand were likewise affected, the fingers being so greatly distorted that he was unable to grasp any object to feed himself or assist in the slightest degree in getting dressed. The suffering, of course, was extreme, not only by reason of the deformity and the ankylosed condition of the various

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joints, but also by the constricted position he had to assume.

In 1865 he went to the hot springs of Arkansas and was greatly relieved. The condition varied, subsequently, with a slight gradual improvement after six or seven repeated visits to the hot springs of Arkansas. He has also been to the hot springs of Virginia and Michigan. He employed a large number of physicians, and went through almost the entire materia medica. Later he commenced the fango treatment, which he believed was greatly to his benefit, having reduced the joint distortions and alleviated the pains; a greater amount of mobility was produced, accompanied with a decided change for the better in the muscular apparatus.

Case II.—This patient was a woman of about the same age who has been a sufferer for even a longer period. She had gradually progressing deformities from rheumatoid arthritis for at least eighteen years. The toes, ankles, knees, and hips were greatly involved, and her upper extremities were also progressively affected, until she was completely helpless to stand or walk. In these two cases fango was given every other day until twenty to twenty-five applications had been made, each one being followed up with a general massage and the Swedish movement instituted in the ankylosed joint. In addition to her dreadful deformities, the patient also suffered from great anæmia, the result of impairment of food-assimilation. After the treatment with fango and massage she regained the use of her neck and the muscles of her upper body and arms, so that she could carry her arms to her head and flex and extend her elbows, wrist, and shoulders to a degree of comfort and satisfaction she had not gained for many years.

Both of the foregoing cases were considered practically hopeless, and when this opportunity for the use of this fango treatment was presented the patients gladly embraced it. The improvement has been so marked that they have now been able to go out and enjoy the fresh air, and the evidence of the permanence of the improvement is shown now by at least six months of continued well-being.

Case III.—A more favorable application of the treatment is seen in case third, an unmarried woman of 35 who gives a history as follows: She states that between January 1 and May 1, 1899, she had struck her knee-cap several times against an iron rod attached to a machine, producing a large synovial swelling of her right knee. She was treated in June, 1899, by a physician for four months. He stated that the affection was synovitis. After being treated privately for several months without any benefit, she went to a medical college and was there treated for three months, and from the medical department was then referred to the orthopædic department of the institution, where she was given hot-air treatments three times a week from July to December. During this time she wore a locked brace for six months and was no better; if anything, the brace was an embarrassment to her locomotion. Finally she received the fango-and-massage treatment, taking ten treatments in all. During these ten treatments the inflammation and swelling almost disappeared, she dispensed with her brace, and was able to go and come from her work with very little evidence of any distress in the joint and very little swelling.

Case IV.—The fourth case was one of gastric neurasthenia: a young man who had been addicted to alcoholic excess in early life with an unstable nervous equilibrium. He had been suffering from gastric crises from time to time after slight overindulgence in food; and he had been a great sufferer from palpitation, disturbed circulation, cold hands, cold feet, insomnia, and a generally wretched anæmic condition. He received three treatments a week for about a month, with the most marked results. The vasomotor disturbances have greatly lessened, the insomnia entirely dis-

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appeared, and the young man expressed himself as comfortable and at ease at his business and has a rational enjoyment in the ordinary affairs of life.

Besides, in these cases, I have also ordered fango applications in many forms of stiffened joints. Rheumatic or gouty; acute, subacute, or chronic; the cases seemed to yield satisfactorily after a number of treatments. All forms of peripheral neuralgias seem to be an especial field for the application of fango. I have especially noticed its value in the neuralgic condition of the shoulder-joints, occipital pain, and sciatica and other neuralgias of the lower extremity.

Fango is also suggested as a valuable remedy for internal inflammations, although in that field I have not experimented. From the limited use that I have had with fango, I have reason for the belief that it is a potent and satisfactory remedy for a class of cases that heretofore have not yielded to other therapeutic measures, and it is on the basis of this satisfaction that I feel constrained to present the experiences set forth in this paper.

Literature.

There is virtually no literature on fango-therapy in English. Most of the articles are from Continental authors. I have omitted references in the Slavonic languages, and have included in the appended bibliography only those in German, French, and Italian medical literature:—

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CLAY DRESSINGS IN SKIN DISEASES.[1]

By J. Frank Wallis, M.D.,

Instructor in Dermatology in the Philadelphia Polyclinic and Dermatologist to the Southern Dispensary, Philadelphia, Pa.

Mr. President and Gentlemen: In the treatment of inflammation of the skin the study of the physiological chemistry of the tissues is as important as the knowledge of the etiology and pathology. Chemistry plays an important part in the dramatic process of inflammation. This has been observed by the early investigators: Liebig, Henle, Rokitansky, Virchow, Lehmann, Scherer, and others. Still more light has been thrown upon the subject by modern research, especially the relation that bacteria bear to the chemistry of the tissues.

In selecting our therapeutic agents those which stimulate cell-activity are as essential as the slayers of bacteria. Water is vital to the life of the tissue, and has been used as a remedy since remote ages, acting locally and internally as a nutrient in cell-exten-

[1] Read before the Northwest Medical Society, April 2, 1901.

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sion. Henle and others observed the destructive action of water upon the cytoid corpuscles abundant in pus, and also the increased effect in the presence of the alkalies, especially of the carbonates, even in minute quantities. The remedial virtue of water when employed depends largely upon its being kept almost constantly in contact with the diseased tissue. The continuous bath has been the method most generally employed in spite of the great difficulties accompanying its use.

A simple method which I have employed for six years consists of the application of wet, sterilized clay, which has the mechanical property of holding water, thereby assisting osmosis, and various therapeutic virtues depending upon the mineral salts present, not overlooking the antiseptic, alternative, astringent, and sedative properties peculiar to certain of the absorbent earths. The value of clays is determined by the character of their constituents, and in selection for dressing two forms are considered:—

1. The natural, and,
2. The artificial, or synthetic, product.

Some of the natural clays are not desirable on account of objectionable quantities of iron and sand, or both, though the latter may be removed by elutriation.

Clays are formed by the disintegration of granite or felspathic rock, the base being largely silicate of aluminum admixed with minerals and their salts, including lime, magnesia, iron, potash, soda, and sand. The gradation of color is influenced largely by the presence of oxide of iron, light clays affording but a trace.

The usefulness in dressing depends upon the plasticity, which quality is expressed commercially by the terms "fat or long" in the preferred article, and "lean or short" in the less desirable. A moderate degree of plasticity is most efficient.

Of the synthetic clays I have found two that have proved serviceable, one composed of:—

Kaolin, 30 parts.
Magnesia carbonate, 10 parts.
Calcium carbonate, 50 parts.
Talcum, 10 parts.

Another consists of:—

Kaolin, 50 parts.
Richmond earth, 50 parts.

Kaolin is a silicate of aluminum, and talcum is a compound of oxide of magnesium and silicon. Richmond earth is a product of the remains of infusoria, composed of diatoms of marine origin, and is located in Virginia in deposits beneath the city of Richmond.

Of the natural clays several have proved satisfactory, especially one that I located some years ago in New Jersey. The deposits were about the border of a lake in a little-frequented part of the State, and are composed largely of fossil remains of a species of fresh-water mollusks and a small percentage of infusoria; many fragments of shells had to be removed by sifting. Before using a natural clay it is best to sterilize it by baking in an oven for several hours each day for several days.

In preparing a dressing the clay is moistened with sufficient water to form a paste, and applied by spreading over the part to be treated to the depth of about a quarter of an inch. Several layers of gauze cover the clay and these are held firmly by a gauze bandage, as muslin is not sufficiently absorbent. This completes the dressing, which the patient must keep constantly wet by covering with a wet towel several times a day, and keeping on all night. Clay dressings should be removed every forty-eight hours.

Rest is essential in all forms of treatment, but I have observed excellent results regardless of this rule. In one instance a woman suffering with severe ulcerations of the leg used the sewing machine several hours daily while under this treatment. A disadvantage occurs during cold weather

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with wet dressings unless the patient is confined to a room of moderate temperature.

Most forms of inflammatory skin affections do well under this treatment, among which might be mentioned eczema, forms of dermatitis, erysipelas, furuncle, carbuncle, ulceration, etc. In ulceration the rapidity of healing is conspicuous. A single dressing of forty-eight hours' duration exhibits a contracting area and islands of granulations forming on the bed of the ulcer. In eczema the area presents a striking appearance on removal of the first dressing, the denuded and partly macerated, weeping surface being replaced by young, healthy cuticle. The subjective symptoms conspicuous in eczema are relieved at once by the first application, and especially is this sedative action marked in irritable ulcers. The treatment admits of many forms of modification and medication. Among the remedies I can suggest bichloride of mercury, phenol, boric acid, the soluble alkalies, and glycerin; the latter by its hygroscopic action prevents too rapid evaporation of water.

In the discussion that followed the reading of the paper, which was participated in by many members of the society, Dr. S. Newmayer remarked that, according to literature, the late Dr. Hewson had used clay dressings many years ago. Dr. A. M. Eaton corroborated this statement, he having been present and witnessed the use of clay in dry form by Dr. Hewson, after many operations, with remarkable success.

THE SCOPE OF THE GENERAL PRACTITIONER.

By Jay G. Roberts, Ph.G., M.D.,
HASTINGS, NEB.

In a recent issue of the Philadelphia Medical Journal (March 2, 1901) occurs an article by John B. Deaver, M.D., of Philadelphia, under the ominous title of "Three Dangerous Operations," which operations are then designated as "Repair of Lacerated Cervix, Curettement, and Rapid Dilatation of the Cervix."

I have no doubt the above heading has been provocative of considerable wonder and no small amount of comment on the part of a large number of the profession who have been taught by their revered professors of gynæcology or surgery that these three operations were among the simplest and attended with the least danger of almost any which it would fall their lot to perform.

Indeed, the position assumed by Dr. Deaver in regard to these operations would be hard to understand were it not that his purpose is very obviously expressed in his concluding paragraph, wherein he says:

"By the repeated performance of surgical operations, and the consequent attention to aseptic precautions, one develops a habit of being surgically clean, and it seems to be but a fair proposition that such a habit will insure a greater degree of success than can be expected by the estimable gentlemen of our profession who operate occasionally, and who are in constant contact with those diseases which have a special predilection toward sepsis and septic infection. I would therefore advise that these three operations should be confined to the realm of surgery, and not be classed as work which is the duty and prerogative of the general practitioner of medicine."

It is the old cry of the specialist for the patronage of the general practitioner, and for everything which may, by whatever hook or crook, be brought under the domain of his particular specialty; but there must be no division of fees. I do not wish to be understood as advocating division of fees, but I do advocate the general practitioner's doing something besides counting pulse and writing prescriptions, and thus keep to himself some of the fees which daily go to swell the purse of his better-paid brother: the specialist. Nor would I depreciate the distinguished gentleman's efforts to impress upon the profession the absolute

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necessity of attention to the minutest detail in aseptic precaution and surgical technique, together with a proper appreciation of the danger attendant upon any surgical operation, however small or insignificant, for we should always remember that we have to deal with a human life, and it may be ours to make or mar that life forever. But I would not have him draw about them such a mountain of danger as to deter the general practitioner from performing such simple operations when the necessity demands, as it ofttimes will, where time, financial circumstances, and distance are elements of consideration.

That a man graduating from a reputable medical college of to-day should not be competent to perform a simple curettement, trachelorrhaphy, or dilatation would not, if true, speak well for the ability as instructors of the distinguished professors of these departments or of the efficacy of the courses given.

If it is to be considered outside the province of the general practitioner to perform any surgical operation of the slightest moment, for if he is incompetent to do a curettement or dilatation surely he could not be expected to perform a laparotomy or even a major amputation, then of what use were the extensive courses in surgery and the interneship in the hospital afterward? Admitting the importance of the habit of surgical cleanliness, we cannot overlook the dangers attached to some of the methods of procedure of the surgeon, not the least of which is the habit of depending on others to do things which the general practitioner must, of necessity, do himself. Some one else prepares the patient for the anæsthetic, another the instruments, towels, sponges, dressings, etc., while still another prepares the field of operation, and, if it be true that too many cooks may spoil the broth, it is likewise true that too many hands have ofttimes been the means of spoiling an operation. Indeed, considering that a great many operations of large hospitals, especially those connected with colleges, are conducted before a clinic in an operating-room which is often used likewise as a lecture-room and whose conversion into an operating-room is but a matter of a few moments, and that with the bacteria-laden exhalations of unlimited pairs of lungs polluting the atmosphere a surgeon scarcely stopping to change gowns will operate on case after case for an amputation for sepsis, the evacuation of an abscess, or a dilatation of the cervix, it is questionable if the patient would not stand as good a chance of recovery at the hands of the general practitioner, with whom an operation is an event of extraordinary importance and who usually spends the major portion of the preceding day getting things in readiness, sterilizing everything himself, washing with bichloride solution the wood-work of the room where the operation is to occur, and keeping a formaldehyde-generator going in it for twenty-four hours previous, as I have seen done for so insignificant an affair as a circumcision.

The conscientious general practitioner is not apt to neglect any detail which might contribute to the success of his operation, for, while his more favored brother, the surgeon, is surrounded by assistants, nurses, red tape, and hospital-walls, all of which combine to form a most effectual barrier to the eyes and tongues of an unsympathetic public, so that often a case reported as having gone home might, upon further investigation, be found to have gone thither in a box, the practitioner performs an operation under very different auspices. All he does must be beneath the broad glare of publicity and submitted to the censorship of public opinion.

Thus, when he is so unfortunate as to lose a patient after an operation, he is consoled by some such announcement as this in the daily or weekly press:—

"Mrs. C. died suddenly at her home this afternoon as the result of an operation performed by Dr. R. Her death will be a great

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shock to her many friends, as it was supposed that she was enjoying the best of health."

I would not detract one line from the reputation or character of our surgeons, great and good men that they are, who have done more for the relief of human suffering than any others within the profession unless it be the bacteriologists, but all honor to whom honor is due, and if some little be due the general practitioner let it be given him, for, while there may be a great deal else due him, it is very little else he is ever able to collect.

ARISTOL IN GYNIC HYPERÆSTHESIA.

By Ephraim Cutter, M.D., LL.D.,
New York City.

By request I write a few words on the power of aristol to relieve vaginal, uterine, and peripheral hyperæsthesia. But for its odor, iodoform would have proved a first-class local analgesic. At first it seemed as if aristol did not take its place, but as time goes on it appears to do so, and even more. Having been informed by Prof. J. Solis-Cohen, the distinguished Philadelphia throat specialist, that the writer was the first to point out and use aristol as a local anæsthetic, there seems to be an obligation on my part to make its virtues known more generally. The *modus operandi* is not known by which aristol applied to a sensitive hyperæsthetic part causes it to become normal, and not numb, and besides to stop neuralgia in the lower part of the chest, as in one of the following cases. Pain is the expression of partially paralyzed nerves. Vaginal hyperæsthesia has seemed to me to be due to a local uterine lesion that has used up the dynamic or nerve-force, so that it steals it from some other part near or remote, which, because of this loss, cries out in pain.

Now, it appears as if aristol did restore some of this lost nerve-force, and thus stop the pains. I judge so from personal experience. I once by accident stuck into my right palmar fascia the stub of a nail in a packing-box board that had lain on the ground all summer under a sea-shore cottage. Lock-jaw has been caused by such an accident. At once the whole hand was in a fire of pain radiating from the bruised and bleeding site of puncture. Knowing the danger of tetanus, I immediately covered the bleeding wound with aristol that adhered in quite a projecting mass. Absorbent cotton was placed over it, and protected by a bandage. In a short time the pain ceased, and in a few days the wound was healed without a bad symptom.

There is no doubt that narcotics are healing. Once I had a woman suffering terribly with an inflamed meatus auditorius externus. An application was made of an ointment of sulphate of morphine, $^1/_4$ grain, to lard, 1 drachm. The pain was relieved at once, and the next day the swelling was gone. Now, aristol does not act as a narcotic at all, but it seems as if Nature can cure much quicker when the local pain is removed. Be this as it may, I find that when aristol has removed gynic hyperæsthesia the existing lesions can be easily attacked, thus removing the prime cause, followed by restoration to health. To my mind aristol is one of the greatest boons that pharmacy has given to medicine. I wish its use would become conventional, because I believe that thereby the sum of human misery could be much relieved. For example, it has relieved a woman who suffered for more than thirty years, and who might have been spared this long agony had her medical attendants been able to use aristol. In this case dyspareunia was the prime cause of the marital separation, with all its unpleasantness adding mental distress to the physical. From my experience I think that the prevalence of divorce is due to these neuroses which are capable of being relieved by aristol.

Case I. — A lady school-teacher, now

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about 24 years of age, in her girlhood bloomed like a rose fair to look on, and a joy ornamenting the world. After awhile she began to fade, and was much troubled with her throat, on account of which she applied for relief. The laryngoscope showed healthy vocal hands and ulceration in the pyriform fossæ or gate recesses of the arytenoid cartilages. These were touched with liquor ferri persulphatis (U. S. P.), and improved, but she coughed a great deal and aphonia appeared from time to time. The morphology of her blood was healthy. It barred out tuberculosis. The persistence of the throat trouble, now that the pyriform fossæ were healed, made the writer think that there was some other leak of nerve-force, which had a reflex action on the weakened throat. This leak was found to be gynic. There was marked hyperæsthesia of the vagina and uterus, which also was retroverted and with difficulty replaced, because of its long displacement and hyperæsthetic condition. My rule in such cases is first to relieve the gynic hyperæsthesia and then do the replacing. This was done by aristol in capsules and in vectors as described in a former article. This case was so sensitive that I introduced the capsules about once in two weeks, and, after the vaginal hyperæsthesia was relieved, the vectors were applied to the uterine cavity, and as far as possible the displaced uterus was elevated by a sound introduced inside. It has taken time, but the patient has been able to follow her profession, and has recovered her health to a great degree. The hyperæsthesias are gone, and her uterus is nearly *in situ naturalis*, helped much by the prone knee-and-chest position. Without aristol this could not have been accomplished.

Case II.—A married woman, 47 years of age, complained greatly of pain in the outer, lower, lateral third of the left chest; also of other neuralgic pains. She was large and fleshy, and looked well, and was a housekeeper, living purposely away from her husband. She suffered much with the menses, and her complaints of pain did not tally with her looks. Her blood was not rheumatic. On examination there was so great vaginismus that at once I went no further than to put a capsule of aristol into the vagina. This was difficult, because the sphincter-muscles were contracted down tightly as if tied with a string, and so sore as to make the woman scream out. These applications were repeated at intervals of three days until her husband was drowned in a distant State, and she went to his obsequies. On her return the vaginismus and pain in the side had returned in full force. The treatment was renewed. It was found that she was married at the age of 16 and had dyspareunia. She had one daughter, 30 years old. Her marital separation was mainly caused by the hyperæsthesia: a physical, and not a mental, cause. Had her physicians used aristol for her thirty years ago she might have been saved suffering of pain as well as of the breaking up of her home. For now, as I write, she began her menstruation painlessly (there being no vaginismus): a thing she had not done for thirty years, and, if she has some pain in the chest, it is an improvement on the old experience.

Aristol deserves a place in the armamentarium medicorum for relieving losses of nerve-force that come from local gynic lesions.

120 Broadway, New York.

THE TREATMENT OF EPILEPSY.

By Charles W. McIntyre, M.D.,
NEW ALBANY, IND.

Epilepsy is a disease which is seen almost daily by practitioners, and the sufferers from this affection deserve the sincere sympathy of all mankind. Besides the sympathy which is their due, the best efforts of all practitioners should be directed to the relief and cure of this grave malady.

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In practice epilepsy assumes two types, which differ in degree, not in kind. These are *epilepsia gravior* (or *grand mal*) and *epilepsia mitior* (or *petit mal*). *Grand mal* is the severe expression of the disease, while *petit mal* is a brief suspension of sensation and very slight muscular twitching.

Injuries to the head are responsible for a certain number of cases of epilepsy. Dr. Allen McLean Hamilton has found that nearly 50 per cent. of the cases of epilepsy he has studied are due to hereditary causes. Masturbation is very frequently a cause of epilepsy when it develops about puberty. Charteris and others have made this observation a great many times. Tumors and exostoses of the interior of the cranium are causes which suggest themselves at once. The etiological factor or factors are, however, often so obscure as to elude detection.

Let me consider the remedial indications in these cases. Nitrate of silver is a remedy which in days gone by was used and, it is said, with some degree of success. We occasionally meet blue people, who owe the discoloration to having taken nitrate of silver for epilepsy. This remedy cannot be said now to have any advocacy or following, and its position in therapeutics is an historical one. Valerian and other remedies have been at times lauded as remedies for the relief and cure of epilepsy, but they have enjoyed professional favor for only a brief period.

The bromides may be said to enjoy a greater degree of favor than any other class of remedies. There is no leading observer or good clinician who does not place his main reliance on the bromides. Yet it must be said that the bromides are open to many objections. These objections I have found to be inoperative when I employ bromipin. This answers the exact therapeutic demands of the bromides, but has none of the drawbacks which we encounter in the bromides of potassium, sodium, etc. It has, in a word, the merit of being a pure bromine solution without the impurities and other hindrances which are common to the salts with which bromine is usually associated. Bromipin is a yellow, oily fluid which contains 10 per cent. of bromine. I generally prescribe it in emulsion. The dose of bromipin is 1 to 4 fluidrachms three or four times daily, as may be indicated by the case in hand. The following is a favorite prescription for the exhibition of bromipin:—

℞ Bromipin, 2 ounces.
Syr. simp., 2 ounces.
Spts. menth. pip., 2 drachms.
Mucil. acaciæ, q. s. ad 8 ounces.

M. et ft. emul.

Sig.: One to four tablespoonfuls three or four times daily.

This makes a most palatable emulsion which no patient will object to in the least.

A girl, aged 18 years, was brought to my office for treatment of epilepsy which had been in existence for the past two years. The attacks usually came on in the night, and she would bite her tongue and froth at her mouth. She was put on the emulsion I have just given, and she took a tablespoonful an hour before meals and on going to bed. This was continued for six weeks, when I saw her again and was told she had had no further attacks. This patient, like nearly all epileptics, ate a hearty supper. This I enjoined at the very outset. This girl's epilepsy I think was due to masturbation. This habit was quitted, and after taking the bromipin two months she was free from the attacks, and they have not returned in more than a year.

An old soldier had been struck on the head in a battle by a spent ball and had a slight cranial depression. He would not permit an operation looking to the lifting of the bone from the brain. He was tired of the bromide salts, which he had to take now in large quantities. I gave him the bromipin in emulsion. This kept off the epileptic attacks, and I have not had to enlarge the dose.

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A boy, aged 14, was brought to my office for treatment for epilepsy. He had been subject to epileptic attacks for the past four years. The fits were now coming on more regularly. I could not arrive at the etiology of this case—other than that he came of a neuropathic parentage. He was physically in good condition. I had his diet carefully regulated and put him on bromipin. He ate a very light supper each night: only bread and milk in moderate quantity. This boy continued the remedy, in all, three months, and has had no further attacks. He still adheres to dietary restrictions, but takes no medicine.

A young woman, aged 21, had well-marked attacks of *petit mal*, which were growing in frequency and severity. This was due to heredity, her mother being an epileptic. She was put on a restricted diet and required to take bromipin with regularity. This acted very happily, and this young woman ceased to have convulsions after having taken the treatment for two months.

Abstracts.

Optic Neuritis Due to Absorption of Thyro-iodine.

H. Coppez says that in man the juice of the thyroid may cause trouble of vision and give rise to serious optic neuritis. Attention should be drawn to this fact. This variety of optic neuritis is a partial retrobulbar affection with central scotoma. Coppez has witnessed five such cases in patients between 30 and 40 years of age, who had never been the subjects of thyroidism. Amblyopia occurs after several months of medication and coincides with a weakening of the general system. The progress is rapid. The prognosis is favorable. Both eyes are generally implicated. The treatment consists of local blood-letting at the stage of hyperæmia, suitable diet, with, later, nux vomica and continued currents. Venneman has observed two cases of muscular asthenopia.—Recueil d'Ophtalmologie.

Torticollis of Ocular Origin.

Lor describes the case of a child, 3 years of age, whose head was drawn down upon the left shoulder. In straightening the head it was observed that the right eye deviated upward and a little inward, while the left eye was fixed upon the surgeon. The deviation exhibited different degrees. The strabismus of the right eye was again observed in the left, which was directed to the left and upward or to the left and downward. It is probable that paralysis of the left inferior oblique muscle produced the torticollis and the fixation of the paralyzed eye at the time of forced replacement of the head, while the right eye deviated on account of pseudospasm of the right superior rectus.—Recueil d'Ophtalmologie.

Uterine Iritis.

Dr. Mazet, of Marseilles, states that simple diseases of the womb may have an effect upon the eye by means of infection and microbian intoxication. He cites two cases of the kind.

Both patients were young women suffering from endometritis. After menstruation, at the time of recrudescence of all the local and general phenomena of the uterine disease, they had trouble with their eyes. One had simple plastic iritis and the other had parenchymatous iritis with hypopyon. These serious ocular disorders disappeared rapidly and totally after the use of antiseptic vaginal injections and dressings.

All varieties of inflammation of the iris may be encountered. The symptoms are those which accompany such cases. Certain characters may direct our attention to the cause, the tendency to relapse at each menstrual epoch, and the rapidity with which

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cure follows local and especially uterine treatment in young women.

The prognosis, generally favorable, varies with the degree and the age of the lesions present. The treatment is that of the uterine disease to which it owes its origin. Locally, instillations of atropine are added. —Recueil d'Ophtalmologie.

Ulcer of the Duodenum.

Dr. Pagenstecher has published a communication upon ulcer of the duodenum, the clinical history of which is still somewhat obscure and which is frequently confounded with ulcer of the stomach. There are, nevertheless, important differences between the two affections.

Their pathology is identical. Authors vary as regards the frequency of duodenal ulcer. Percy and Shaw found 70 cases among 17,652 operations in Guy's Hospital. Collin observed 41 in 655 autopsies. As to the seat of the ulcer, Perry, in 149 cases, found 123 ulcers in the first portion of the duodenum, 16 in the second, and 2 in the third. Oppenheimer, in 81 cases, saw 69 in the first portion, 8 in the second, and 4 in the third. Collin, in 257 cases, recognized 242 in the first, 14 in the second, and 6 in the third portion of the duodenum. Pagenstecher regards the ulcer as due to a chronic disease of the stomach or bowel. The frequency of arteriosclerosis in man explains the frequency of the affection in males. In females we generally encounter round ulcer of the stomach, to which they are predisposed by chlorosis, frequent nervous disturbances, and, in cooks, the habit of tasting very hot dishes.

One of the most frequent accidents of ulcer is perforation. This may occur either into the abdominal cavity, exciting generalized peritonitis, or into the retroperitoneal tissue. In addition to the form of generalized peritonitis there is found another, to which Lennander has drawn attention. The pus leaves intact the free middle part of the abdomen; it burrows between the transverse colon and the liver, descends along the ascending colon into the iliac fossa and pelvis, and remounts along the curve of the ilium. These localizations of the pus give rise to errors of diagnosis; they suggest ulcer of the stomach, perityphlitis, or perforation of the gall-bladder. The diagnosis is rarely made during life. Usually it is detected when operating for what had been regarded as acute peritonitis.

The perforation must be searched for (1) where the pus flows most abundantly; (2) where peritoneal adhesions are thickest; (3) where there is gas. The essential point is to keep in mind the possibility of duodenal perforation. In order to find it an incision is made below and to the left of the stomach, and it is necessary to raise the liver. When the perforation has been located it must be closed by a catgut suture. Sometimes it is possible to excise the ulcer.

Out of 29 cases which the author had studied, recovery had taken place in 3; in 1 excision had been performed, a second had been sutured, and a third had been sutured and tamponed. Death had resulted in all the cases where simply the pus had been evacuated. In a case of Lennander's the abscess was encapsulated; the patient, nevertheless, died five weeks later. In cases where the perforation was located the mortality was 60 per cent. The results, therefore, are not very favorable. It is true that in most cases intervention was late.

Another important sign of ulcer is hæmorrhage. This causes melæna and hæmatemesis. It was met with by Perry in 13 per cent. of the cases of duodenal ulcer, and in 33 per cent. by Krauss.

It is not rare for the ulcer to develop insidiously, giving rise at most to paroxysmal pains which may be characteristic when they occur several hours after a meal. In other cases the disease may be recognized by the cachexia produced by hæmorrhages, vomiting, or loss of appetite.

In a large proportion of cases the ulcer

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terminates in stenosis of the duodenum, which occasions chronic icterus by compression of the ductus choledochus.

As regards the method of operation, the author prefers gastro-enterostomy. It is only in this manner that recurrence can be prevented. The best incision is the median, which may be carried a little to the right when there are signs referring to the appendix and gall-bladder. A transverse incision starting from the first will sufficiently enlarge the field of operation.—La Tribune Médicale.

Generalized Diphtheria of the Air-passages.

At a meeting of the Medical Society of the Hospitals M. Legendre exhibited the lungs of a man who had succumbed to diphtheria of the larynx, trachea, and bronchi. The smallest bronchioles were full of false membranes. Examination showed that the case was one of true diphtheria caused by Loeffler's bacillus. The patient had been treated by means of serum, but its use was begun too late. The speaker also regretted that he had not injected the serum in larger quantities.—La Tribune Médicale.

A Rare Complication of Typhoid Fever: Hæmorrhagic Cystitis.

At a meeting of the Biological Society M. H. Vincent remarked that cystitis is a rare complication of typhoid fever. Out of more than 1200 cases of the latter disease he had observed but 2 instances. It occurred in the decline of the malady. Both patients were young men of 21 and 22, free from genito-urinary antecedents, who had suffered from typhoid fever of medium gravity, with positive serum-reaction and a slight albuminuria during the second week, who, at the period of defervescence, were suddenly attacked by a sense of weight in the lower part of the abdomen, incessant and very painful passages of urine, and tenesmus. The urine was turbid, bloody, and the last portions contained a whitish deposit mixed with blood. There was no lumbar pain, no symptom of nephritis, or œdema. Irrigation of the bladder effected a cure in four or five days.

Microscopical examination of the urine and the deposit showed the presence of numerous red blood-corpuscles, epithelial cells from the bladder, leucocytes, and a large mass composed principally of polynuclear, but also containing some large mononuclear, cells; there were no casts. Between the cells were bacilli which did not take Gram's stain. In both cases culture revealed an abundance of bacilli precisely identical with those of Eberth and agglutinated by the serum of typhoid-fever patients.

It is known that the bacillus typhosus is sometimes present in the urine of those suffering from typhoid fever. The speaker had found it 9 times in 46 patients. The same microbe may multiply in the urine. Proliferation within the bladder and consequent cystitis may, therefore, be readily explained. In both the cases reported the complication was benign.—La Tribune Médicale.

Modifications of the Central Nervous System in Lead Palsy.

In order to learn the influence of saturnine intoxication upon different parts of the nervous system Rybakoff undertook a series of experimental studies upon animals (guinea-pigs and rabbits). The duration of the intoxication varied in the different animals from five to sixty days. Some time after having been submitted to the injection of lead the animals exhibited paralytic symptoms, at first in the posterior and subsequently in the anterior limbs.

Microscopical examination showed, before all, alterations in the spinal cord and especially in the anterior horns of the gray matter. The cells presented evidence of degeneration. In the most marked and prolonged cases of intoxication vacuoli appeared, particularly at the periphery of the

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cells, and varied greatly as regards number and dimension. According to the author the occurrence of these vacuoli indicates decided alteration. The vessels of the gray matter were enlarged and congested. Sometimes there was proliferation of the nuclei of the membrana intima. In most of the experiments the peripheral nerves underwent no change. In the remainder neuritis occurred. From these experiments the cells of the gray matter of the cord would seem to be more susceptible to the influence of lead, and in the majority of cases the origin of local paralyses is to be found in this fact. —La Tribune Médicale.

Dry Otitis in the Subjects of Atrophic Rhinitis.

According to Dr. A. Masip, of Barcelona, who reports ten cases, patients suffering from atrophic rhinitis present two varieties of dry otitis. One has certain special characters and appears to appertain to youth. The other has been observed in adults and old people. It has more variable manifestations and seems sometimes to be but a transformation of the first.

The author draws the following conclusions:—

1. In about one-sixth of the cases of atrophic rhinitis sclerous otitis media develops and probably depends indirectly upon the disease of the nose. This otitis possesses special characters, and does not form an independent variety, but a well-marked subdivision in the midst of the heterogenic group of sclerous otitis.

2. This otitis is distinguished by the age at which it begins, childhood or youth; by the affection, simultaneous or not, of both ears; by the infrequency and slightness of the buzzings; absence of the paracusis of Willis; generally dull aspect of the membrana tympani, without hyperæmia of the manubrium of the malleus and the membrane of Shrapnell; and, finally, by the lack of symptoms referable to the labyrinth.

3. Some cases of this sclerous otitis develop at an advanced age with less distinct characters, and are sometimes only the continuation or transformation of an otitis which had begun several years previously.

4. Patients afflicted with atrophic rhinitis, in addition to the forms of otitis already enumerated, and perhaps with still greater frequency, may be attacked by an otitis of another kind, independent, for the most part, of nasal atrophy, such as acute or chronic catarrhal otitis and especially purulent otitis, the latter generally preceding the lesion of the nasal fossæ. Nevertheless, some cases of purulent otitis depend directly upon ozæna.—Revue Hebdomadaire de Laryngologie, etc.

Scirrhus of the Stomach.

Dr. Mueller related to the Medical Society of Wuerzburg the history of a case which presented some interesting peculiarities.

The patient was a man, 48 years of age, who had been subject for several years to digestive disorders consisting principally of a sense of weight in the stomach and being relieved by certain movements or by swallowing a little brandy. During this time he was treated for atony of the intestine.

In 1898 the sense of weight became more accentuated, and in 1899 an abundant hæmatemesis occurred, from which, however, the man recovered rather rapidly. Nevertheless, other, though less copious, hæmorrhages followed and impaired the strength. Treatment suitable to ulcer of the stomach, which was at that time suspected, proved fruitless.

Toward the end of the same year the patient began to experience difficulty in swallowing solid food. He felt as if the food remained in the lower part of the œsophagus. Exploration with a sound seemed to indicate the existence of an obstacle at the distance of 37 centimetres

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(about 14 1/2 inches) from the dental arch. A new exploration, however, with an olive-pointed bougie, succeeded in passing the obstruction and entering the stomach. Notwithstanding this result, deglutition became more and more embarrassed, and after awhile the patient could scarcely swallow liquid food. Another examination now gave a contradictory report. The sound was arrested 42 centimetres (about 16 1/2 inches) from the teeth. Examination of the abdominal viscera revealed no abnormality. Some time afterward ascites occurred, and the patient perished from cachexia.

At the autopsy the œsophagus was found to be dilated in its lower two-thirds, but the finger easily passed through the cardiac orifice into the stomach. The latter was strongly retracted and only measured 14 centimetres (5 1/2 inches) in length. The walls were completely infiltrated with carcinoma, greatly thickened and rigid. The pyloric region alone was uninvaded by the process. An old cicatrized ulcer was found on the lesser curvature. Carcinomatous metastases existed in the omentum. The dysphagia was explained by the presence of a fold of the mucous membrane near the cardiac orifice.—La Tribune Médicale.

Therapeutic Notes.

A New Treatment for Tuberculosis.

Dr. O. A. Fliesburg, of North Branch, Minn., writes to the Northwestern Lancet that for the past two and a half years he has used with benefit:—

℞ Bromi puri, 0.50.
Iodi puri cryst., 1.50.
Phosphori puri, 0.25.
Thymolis,
Mentholis, of each, 2.50.
Guaiacolis, 1.25.
Ol. morrhuæ sterilizat., 50.00.

Ft. sol. secundum artem.

Sig.: Use only hypodermically.

For tuberculosis of the lungs, throat, glands, and intestines, 1 to 3 syringefuls once a day, preferably in the forenoon; for tuberculosis of joints and tendons inject into foci deeply, and then apply bandage; repeat in four to eight days as necessary.

Purulent Endometritis.

In the Philadelphia Medical Journal Dr. Jay G. Roberts, of Hastings, Neb., describes a method by which he has had favorable results.

"The method of application, which is very simple, is as follows: An emulsion is prepared according to the following formula, the small amount of creolin very effectually disguising the odor without affecting its efficacy, to which most patients object very strenuously:—

"℞ Iodoform, 2.00.
Amyl, 1.00.

"Mix and add:—

"Glycerin, 20.00.
Water, 12.00.
Creolin, 0.30.

"M. Stirring gradually, heat to about 27° F.

"This makes a more stable emulsion than that made by the usual method.

"For the injection the ordinary long-nozzled intra-uterine syringe may be used. I have found a small glass syringe with a soft-rubber nozzle, some two inches in length, and of sufficient firmness, to answer admirably."

Thymotal: A New Vermifuge.

J. E. Pool has succeeded in obtaining a carbonate of thymol which he names thymotal: an insipid, white, crystalline substance, the smell of which only feebly resembles that of thymol. It is a neutral substance, with a fusing-point of 49° C. and a boiling-point of over 400° C. It is not in any way affected by acids or by the contents of the human stomach. Seven

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patients have so far been treated with thymotal, and all with excellent results.

The dose for adults is 30 grains; for children, 15 grains, and for infants, 7½ grains, three or four times daily. This treatment must be continued for four days and a purgative taken on the fifth day.—Merck's Archives.

Yeast in Habitual Constipation.

Roos, of Friburg, declares that he was surprised at the great success of his trials. He dried the yeast at a temperature of 86° F., and thus obtained a clear, gray powder, which he gave in doses of 8 grains two or three times a day, in the form of compressed tablets. Out of twenty patients, sixteen were so benefited that their evacuations were easy and copious, and in most of them the appetite was increased. The action of the yeast lasted for a considerable length of time after its administration was discontinued. It did not seem to be due to fermentation, for yeast with its germs killed by exposure for ten hours to a heat of 212° F. proved unexpectedly efficacious, acting like fresh yeast, but without giving rise to pain or flatulence.—Editorial in New York Medical Journal.

Headache and Neuralgia.

℞ Butyl-chloral.,
Caffeinæ, of each, gr. ij.
Ext. gentian., q. s.

M. et ft. pil.

One every third hour.—Medical Times and Hospital Gazette.

A New Injection Treatment for Bone Tuberculosis.

℞ Sodii sulphuret., 1.46.
Sodii chloratis, 16.4.
Sodii phosphat., 0.5.
Sodii carbonat., 0.7.
Potassii sulphuret., 0.94.
Aq. destill., 80.—M.

This fluid is injected into the sinuses by means of a cannula attached to a Pravaz syringe. The sinuses are distended with the fluid, which is injected until a reflow occurs. After all the sinuses are thus cauterized a 10-per-cent. iodoform-ether injection is made, and a moist Priessnitz applied. —C. Trunecek (Medical Record).

Smoker's Gingivitis.

℞ Salol, 1.
Tinct. catechu, 4.
Spt. menth., 120.

M. et ft. lotio.

Sig.: Teaspoonful in half a glass of tepid water as mouth-wash.—Medical Times and Hospital Gazette.

Renal Colic.

℞ Lithii citratis, ʒj.
Ext. hydrangeæ fl., ʒiv.
Infusi tritici, q. s. ad ℥vj.

M. Sig.: One tablespoonful every four hours in water.

Or:—

℞ Lithii citratis, ʒj.
Pot. citratis, ʒiss.
Ext. zeæ fluidi, ℥j.
Infusi uvæ ursi, q. s. ad ℥vj.

M. Sig.: One tablespoonful every four hours.—Journal of the American Medical Association.

To Break up a Cold.

The Medical Standard says: "A good formula is one containing the following:—

"℞ Extract of belladonna, 1/6 grain.
Powdered camphor, 1 grain.
Sulphate of quinine, 1 grain.
Dover's powder, 2 grains.

"When the patient can be confined to the house the addition of a small amount of pilocarpine is valuable."

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Tonsillitis.

Dr. Cheveller states that he treats all kinds of tonsillitis with the following gargle:—

℞ Sodii salicylatis, ʒij.
Aq. menth. pip., ℥vj.

M. Sig.: Use as a gargle several times a day.—Journal of the American Medical Association.

Diuretic and Anti-uricæmic Pills.

℞ Ext. stigmat. maidis,
Ext. convallariæ majalis,
Sodii benzoat.,
Lithii carbonat., of each, 3 grammes.

M. et ft. pil. No. lx.

Sig.: Give from four to ten daily.—Huchard (Medical Record).

Methyl-salicylate in the Painful Nocturnal Erections of Gonorrhœa.

Baratier advises warm baths, copious draughts of Vichy water, and anointing the penis with the following ointment:—

℞ Methyl-salicylate, 1 part.
Petrolatum, 10 parts.

M. After the inunction a thin layer of wadding should be applied to the member, and the whole covered with adhesive taffeta.—New York Medical Journal.

Intestinal Indigestion.

In a paper in the Virginia Medical Semi-monthly Dr. John C. Hemmeter, of Baltimore, gives, among others, the following formulæ:—

The following is of great usefulness in the putrefactive diarrhœa, especially when associated with abdominal pain:—

℞ Tannigen, ʒj.
Bismuth subgallate, ʒij.
Salol, gr. xxiv.
Denarcotized ext. opium, gr. iij.

This can either be made into 12 capsules or prescribed with 6 ounces of some elixir, of which he prefers the elixir of gentian and the essence of calisaya, 3 ounces of each, in doses of a tablespoonful three to four times a day.

The author's favorite for anorexia from gastric hypochylia in intestinal dystrypsia is the following:—

℞ Strychnin. sulphatis, gr. $^1/_3$.
Acidi hydrochlorici dil., f℥ss.
Ext. condurango fl., f℥iss.
Elixir gentian., f℥vj.

M. Sig.: One-half fluidounce in 2 ounces of water, one-half hour before meals, through a glass tube.

Deep-seated Inflammations.

In a paper contributed to the New York Medical Journal Dr. Walker T. Slevin, of Brooklyn, says:—

"After having used ichthyol in a number of different formulæ where the resultant action has not been as desired, I have at last obtained a formula which, if used properly, will relieve deep-seated, as well as superficial, inflammations. The formula is as follows:—

"℞ Ichthyol, 45 grains.
Lead iodide, 45 grains.
Ammonium chloride, 10 grains.
Petrolatum, enough to make 1 ounce.

"The substitution of glycerin, rose ointment, or cacao-butter does not alter its efficiency."

Echinacea in Hæmorrhoids.

In the Cincinnati Lancet-Clinic Dr. E. V. Hall, of Convoy, Ohio, recommends:—

℞ Ext. echinaceæ august. fl., ʒj.
Ext. hamamelidis Virg. fl., ʒij.
Aquæ destillatæ, ℥j.

M. Sig.: Inject two fluidrachms after each stool.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
F. A. DAVIS COMPANY, Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, May, 1901.

THE OCULAR COMPLICATIONS OF MUMPS.

THE implication of some portion of the visual apparatus during the progress or in consequence of infectious maladies is by no means uncommon. Influenza, malaria, typhoid fever, syphilis, rheumatism, and erysipelas are among those which are most frequently complicated with ocular disease. This involvement of special organs by the organisms or toxins of constitutional diseases is an extremely interesting field of study. The damage to the eye occasionally produced by mumps has of late years engaged the attention of French military surgeons, and in THE MEDICAL BULLETIN for February, 1900, we noticed editorially an article upon this subject by Dr. Alfred Blanchard, of the French army. In the February number of an excellent special journal we find another paper dealing with the same topic. This is from the pen of Dr. Sendral, likewise a military surgeon.[1] The writer effectively remarks that, although mumps is generally a benign disease, it is capable of diminishing the reproductive power of an individual or of threatening the organ of vision. The latter fact has scarcely received the universal recognition which its importance demands. Since the publication of Blanchard's paper, to which we have referred, a similar case has been reported by the elder Dor, of Lyons, and our author had also encountered a case of double optic neuritis as a consequence of mumps. Dr. Sendral had furthermore observed a case of acute dacryoadenitis in the clinic of Professor Galezowski. Although, according to those textbooks which refer to the subject at all, dacryoadenitis is supposed to be the most frequent ocular complication of mumps, yet Sendral has found no record of an illustration so indisputable of the connection between the two diseases, and was led, therefore, to make a special and extended study of the effects of mumps upon the eye.

The scientific interest of such an investigation is obvious. Epidemics of parotiditis are common, and, if the profession bears the possibility in mind, cases of blindness may be foreseen. These cases may progress very insidiously consecutive to the attack of mumps. This infection is a disease of schoolboys and soldiers, and this seems to be the reason why the complication has been particularly noted by military surgeons.

The various affections of the eye which may be excited by mumps are thus classified by Dr. Sendral: Conjunctivitis, with frequent participation of the cornea in the inflammation; acute dacryoadenitis; involvement of the papilla, ranging from simple congestion to optic neuritis.

These complications are rare among children. The infectious germs seem to have a more far-reaching influence in adults. Conjunctivitis has been witnessed several times by Hatry, Haillot, Gaillard, and Karth. It makes its advent at various periods, and is sometimes accompanied by considerable chemosis. It is described as affecting both eyes, involving the entire mucous membrane, never suppurating, and often being accompanied by palpebral œdema. This conjunctivitis is not serious, and is easily cured. Nevertheless, our author had seen one case in which the congestion of the tissues was extreme and which was complicated by dacryoadenitis.

[1] "Des oreillons oculaires." Par le Dr. Sendral, médecin major de deuzième classe. Recueil d'Ophtalmologie, Février, 1901.

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Hatry and Combeau have written of chemosis and œdema of the lid, but say nothing of the condition of the lacrymal gland, and Sendral believes that the infiltration of the subconjunctival tissue should be ascribed to inflammation of that gland.

Keratitis is much more rare. It sometimes begins coincidently with the first signs of mumps. Again, it may make its appearance at the height or decline of the mumps. There is on record a case of Settekorn's, the patient being attacked by ulcerative keratitis of the left eye, very obstinate in character and leaving in its train an opacity of the middle of the cornea. Dr. Broenner, of the French army, has recently published the history of a case in which, on the fifth day of the course of a very mild attack of mumps, the temperature suddenly rose to 40.4° C. (104.7° F.), and on the next morning the patient was suffering from an intense kerato-conjunctivitis, which developed with the symptoms of the typhoid state, and was followed by permanent opacity of the central part of the cornea, with serious impairment of vision.

Involvement of the conjunctiva is more common than that of the cornea. Individual predisposition seems to play a great part. To the further researches of the author, relative to invasion of the optic papilla and nerve, we shall refer upon a future occasion.

THE ASSOCIATION OF TUBERCULOSIS AND SYPHILIS.

The association of tuberculosis and syphilis was the subject of a recent lecture by Professor Dieulafoy and published in our esteemed contemporary, La Tribune Médicale for March 27, 1901. His remarks were based upon the cases of two patients who were attacked successively by specific and tuberculous lesions of the lungs. One made a complete recovery. In the other the signs of pulmonary syphilis had vanished, while the tuberculous disease had continued its progress. The speaker referred to ten cases, two of which were his own, in which, during the secondary stage of syphilis, three or four months after the disappearance of the chancre, manifestations of tuberculosis, such as hæmoptysis and caseous broncho-pneumonia, had developed. In distinction to those cases where the co-existence could be easily explained as the grafting of one malady upon the other, those cited failed to afford any plausible explanation of the morbid association. He addressed himself, however, particularly to the consideration of those cases in which pulmonary tuberculosis occurred in individuals whose lungs were already the seat of syphilitic lesions; that is, in the late tertiary period.

From the anatomo-pathological point of view it is certain that the co-existence of syphilitic and bacillary lesions in the same part of the body is possible. The most typical illustration of this truth has been published by M. Botar.

The case was that of a male infant of 22 months, the undoubted victim of hereditary syphilis. Nevertheless, until the age of eighteen months he had developed quite well, but at that period he had lost appetite, became puny, took on the aspect of a little old man, and upon different parts of the body appeared gummata, which soon ulcerated. Under antisyphilitic treatment the ulcers cicatrized, the general condition improved, and it seemed as if recovery was at hand, when new symptoms made their advent. The glands became engorged and the child soon presented the aspect of scrofula. Experimental inoculation demonstrated the presence of the bacillus tuberculosis. The specific treatment, which had succeeded so well for a time, now lost its effect.

The child had been infected by its nurse, who was tuberculous. The parts primarily invaded by syphilis had been inoculated by the bacillus of Koch. This was an incontestable fact which came beneath the eye of the observer.

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Similar cases have been witnessed involving the larynx. A person has been successively attacked by syphilitic and tuberculous disease of the larynx. We might, therefore, conclude *à priori* that what takes place under our eyes might be reproduced in organs inaccessible to our vision, as the lungs, and that a syphilitic lesion of the latter organs might serve as a soil for the development of the tubercle bacilli. An excellent instance by the lamented Potain puts this question beyond doubt.

An individual free from personal or hereditary tuberculous antecedents, six years after having contracted syphilis, began to cough and have dyspnœa, lost flesh with extraordinary rapidity, and died with signs of pulmonary consumption. At the autopsy miliary tuberculosis was found at the apices. In these situations the bacilli tuberculosis were detected. At the base of one of the lungs was a mass which presented the consistence, characteristics, and appearance of syphilitic white pneumonia, but this region also was not completely free from bacilli. Here evidently one disease had been grafted upon another to form a hybrid condition.

An analogous case was that related by Sokolowski. A man contracted chancre at the age of twenty-six. Cutaneous and pharyngeal manifestations followed. A mercurial course caused the lesions to vanish. He married and had two children. The first died shortly after birth, the second was obviously scrofulous. His wife died of phthisis. Soon he himself began to cough, his voice became hoarse, and laryngoscopical examination revealed destruction of the vocal cords. Specific treatment produced local amelioration, but râles persisted at the right apex; he soon emaciated and perished.

The autopsy demonstrated the co-existence in the lungs of syphilitic pneumonia in the middle parts and tuberculous cavities at the summits.

From the purely clinical point of view the two cases of Professor Dieulafoy were fully demonstrative. The first had entered the wards eleven months previously with a cavity in the right lung toward the middle of the scapula: the site of selection of syphilitic cavities. Many years previously the man had had a chancre. There were evident marks of syphilis upon his person. At his entrance he presented the aspect of pulmonary tuberculosis. His sputum contained bacilli.

The second patient had been syphilitic for twenty years and also exhibited mixed pulmonary manifestations. There was a syphilitic cavity of the left side and tuberculosis of the apices.

The association of tuberculosis and syphilis is, therefore, a certain fact. Nor is this grafting of a new malady upon one pre-existing an exceptional occurrence. It is seen in other affections. Professor Dieulafoy alluded to the possible transformation of simple ulcer of the stomach into cancer. Certain ulcers of the tongue also undergo the same change.

The principal interest in the study of such transformations relates, of course, to the prognosis and to the modifications of treatment which may be suggested.

It would seem, at first sight, as if the addition of one disease to another ought to aggravate the condition of the patient, but this is not always the case. Old syphilitics who become infected with tuberculosis appear, said the speaker, to acquire a special, fibrous form of the disease, of slow evolution, apyretic, and not diffusive. It seems as if the priority of syphilis neutralizes, so to speak, up to a certain point the tuberculous infection. The speaker, however, was not in accord with those who have carried this idea so far as actually to propose syphilitic inoculation as a treatment for tuberculosis.

It goes without saying that persons attacked by a combination of syphilis and tuberculosis should receive treatment for both diseases. Professor Dieulafoy does not

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recommend potassium iodide under such circumstances. On the contrary, he proscribes its use. He relies upon hypodermic injections of biniodide of mercury.

In addition, he advises codliver-oil, with or without creasote, together with all the hygienic methods of combating tuberculosis. He favors likewise the subcutaneous employment of cacodylate of sodium for fifteen days, alternating for the same period with mercury. By these means the patients may be benefited or even in some cases completely cured.

Correspondence.

Editor of the Medical Bulletin:

Dear Sir: For many years I have been interested in the question of apparent death and live burials, and tried to call attention to the subject by means of papers read before societies.

There can hardly be any diversity of opinion among thinking men that our present legislation and practice in my own State, and, so far as I know, throughout the country, offers the individual entirely inadequate protection against the horrors of live burial, with the alternatives of being killed by an undertaker or thrown alive into the burning furnace of a crematory.

In my opinion, the real final goal to contend for is the obligatory introduction of *waiting mortuaries* in which the bodies of all deceased persons are kept until putrefaction develops and sets every doubt at rest. But this remedy being expensive, and meeting with opposition on sentimental grounds, the next best thing would be proper *medical examination* of the supposed dead body.

At my instance, the Society for Medical Jurisprudence and State Medicine, after long and animated discussions, in which the pros and cons were freely vented, in November, 1899, passed a resolution by which the Boards of Health of the State and City of New York were requested to make a *change in the blank of death certificates*, so that they should contain: (1) the declaration that the physician who signs a certificate personally has examined the body; (2) that they should contain the chief signs of death, and that the physician should indicate the presence or absence of each; (3) that it should be criminal to do anything to the supposed dead, which would cause pain or injure him, before the certificate has been signed by the physician.

Col. Michael Murphy, at that time President of the City Board of Health, received me courteously and declared himself in favor of the three demands; but the petition was given to Dr. W. T. Jenkins for report, and that has been the end of it. It has proved impossible to obtain an interview with this official, and our death examination is left in the same disgraceful condition as before, midwives, policemen, and lodging-house keepers deciding the delicate scientific question whether a person is dead or alive, and making frequent mistakes.

Under the circumstances I hail as an ally in my endeavors to prevent live burials the machine invented by Count Karnicki, which, if it does not prevent the inhumation of the living, brings help to the victim and signals the occurrence. It is simple of construction, reliable, automatic, and can easily be adapted to any coffin without in the least interfering with established customs. This apparatus has been exhibited before the Section on Medicine of the Academy of Medicine, and will be shown and explained at No. 14 West Eighth Street, New York.

Your presence in person or by proxy is respectfully solicited, and anybody you will bring along will be welcome.

Yours very truly,

H. J. Garrigues, M.D.

107 E. Sixty-second Street, New York.

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Editor of the Medical Bulletin:

In Dr. George M. Gould's "Dictionary of Medicine and Biology," preface to third edition, recent issue, is found the following statement: "In the science of medicine what was true yesterday may be only half-true to-day and may even be wholly untrue to-morrow."

So important it is that the regular school of medicine bear this in mind and discard at once what has ceased to be science, and so true it is we reluctantly abandon long-established usage, that I desire to offer in your columns the following prizes as stimulants for more original research:—

I will give *One Hundred Dollars* for an essay that shall describe a more unscientific and destructive method of treating any disease or symptom, which has been constantly employed by regular medicine in the last quarter century, than that of drug-giving to produce unconsciousness in place of normal sleep at the retiring-hour.

I will also give *One Hundred Dollars* for an essay that shall describe a more scientific and reparative method of securing normal sleep at the retiring-hour for the American brain-worker than the one heretofore outlined in this journal, and known as "The New Method of Inducing Sleep Without Drugs."

J. B. Learned, M.D.

Northampton, Mass.

Varicose Veins and How to Manage Obstetric Cases.

Editor of the Medical Bulletin:

It is not always necessary to cut away varicose veins. Mrs. M., aged 31, the mother of six children and in the sixth month with the seventh child, had knotted varicose veins, constipation, icterus, and irregular appetite. The following line of treatment was outlined:—

Less hard work; lie in bed one-third of day-time; roller bandage, which was to be worn constantly; 1 to 3 tablets of strychnine arsenate, $^1/_{30}$ grain per day. Sodium phosphate, 1 to 2 drachms before breakfast given in water and cream. Bowels were regulated by a tablet given before meals, each tablet containing minute doses of aloin, podophyllin, and belladonna.

Mrs. M. had her baby a few days ago. The varicose veins have nearly vanished. She declares she had the easiest time she ever experienced. After-pains were not experienced because amyl-nitrite was used. In former confinements she had suffered much from loss of blood, but in this case the foot of the bed was elevated, ℥j of ergot was given after third stage, and during labor two injections of soap and water were given per rectum, and last ℥j of glycerin per rectum; therefore there was no more than the physiological blood-loss.

The writer in about thirteen years of practice has never seen a death among his own patients. He has never used the forceps or never observed temperature above 101 $^1/_2$° F.; and this is how he goes about it upon being called to a case of confinement:—

Clean hands with antiseptic soap and 1 to 1000 bichloride solution before and after each examination.

One to four high injections of soap, soda, and warm water per rectum.

Quinine sulphate or bisulphate in capsules, gr. x-xx. Glonoin tablets, $^1/_{100}$ grain, until effective, and keep up the same if necessary. Strychnine-arsenate granule, $^1/_{30}$ grain, one; and sometimes repeated in one or two hours. Amyl-nitrite, by inhalation, in place of or alternating with $CHCl_3$ if chloroform is demanded. Morphine and atropine to quiet nervousness and useless pains if necessary.

After the child is born dress the cord for one day with some ointment and after this use $NaHCO_3$. Apply powdered boric acid (Squibb's) to nipples, rubbing it into the damp nipple after nursing. Give the baby plenty of water to drink, a rockerless bed

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to itself, and brush away the boric acid from nipples when the baby nurses.

C. E. Boynton, M.D.

Sandy, Utah.

Medical News and Miscellany.

Fracture of the Elbow. — Dawbarn recommends a simple expedient for the diagnosis of fractures at the elbow where swelling has taken place. He credits the method to Dr. Gerster. In case of a fracture or dislocation, or both conditions combined, at the elbow, when swelling has already taken place and a speedy diagnosis is imperative, this cannot be reached by the x-rays alone. He anæsthetizes the patient and applies a rubber bandage from the fingers to the shoulder firmly and slowly; this is left on for fifteen to twenty minutes. Then the bandage is unrolled, leaving the last turn or two in place. Upon examination now all the swelling and œdema will have disappeared and all the bony points of examination will be exposed as upon the other arm. Whatever condition is found is corrected, the positive diagnosis made, and the swelling allowed to return. The method is easy of execution and of greatest value regarding the prognosis.—Interstate Medical Journal.

Editorial Successor. — Dr. Henry Kellet has been appointed editor of the Medical Press and Circular, to succeed the late Dr. Archibald Hamilton Jacob.

German Otological Society. — The tenth meeting of the German Otological Society will be held this year on May 24th and 25th in Breslau.

New Orleans Polyclinic.—On account of various requests the session of the Polyclinic will be continued to May 31st, instead of May 11th, as announced in the catalogue.

Easter Celebration of the Philadelphia Hospital for the Insane, 1901. — March,

"Gloria," by orchestra, as patients enter hall.
Class enter singing "The True Easter."
Orchestra selection, "Charity," by Rossini.
Class opening, "Once Again Let Us Join the Song."
Versicles by all, "Gloria."
Orchestra selection, "Pilgrim Chorus" and "Evening Star," by Wagner.
Singing by all, "Coronation."
Lord's Prayer and Creed.
Chant, "O Sing unto the Lord a New Song," by Danks.
Orchestra selection, "An Easter Flower," by Worrell.
Class selection, "O Turn Thee to the Lord."
Scripture reading, Matthew XXVIII.
Solo and chorus, "The Angel's Story."
Remarks.
Class selection, "Consider the Lilies."
Remarks.
Class selection, "Praise ye the Lord," by Danks.
Orchestra selection, "I Know That my Redeemer Liveth."
Class selection, "Blow up the Trumpet," by Simper.
Recessional, "The Strife is O'er."
Patients depart, orchestra playing march from "Lohengrin."

The above interesting program was admirably carried out, and was a source of keenest satisfaction to all present. We have often alluded in these columns to the excellent effect of music in cases of insanity and to the excellent results of the benevolent and painstaking efforts of Dr. and Mrs. Daniel E. Hughes to utilize to the highest possible degree the beautiful art of music in alleviating the mental miseries of the poor creatures under their care.

College of Physicians and Surgeons.—Dr. Francis Delafield will give up the chair of the practice of medicine in the College of Physicians and Surgeons on June 1st. At his retirement he will have been a member of the faculty of medicine of the university

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for twenty-five years. Dr. Walter Belknap James has been appointed lecturer on the practice of medicine at the medical school. Dr. Delafield will be emeritus professor of the practice of medicine.

Professor L. Webster Fox. — Professor Fox, of the Medico-Chirurgical College, has been appointed one of the Board of Managers of the Orthopædic Hospital of this city.

The April "New" Lippincott.—The April "New" Lippincott Magazine opens with a complete novel, as usual. This month it is a stirring detective story by Mrs. Schuyler Crowninshield, wife of Admiral Crowninshield, which keeps the reader guessing up to the final pages. "Mysterious Miss Dacres" is the title, and Josephine Dacres, the heroine, well deserves the designation. Among other things which puzzle her landlady is Josephine's undeviating habit of walking on the grass beside the path,—never on the path itself,—but this is only one of many of her peculiarities, though it is a straw in the wind which points in the right direction. With a good strong plot to start with, Mrs. Crowninshield makes the most of striking situations, and sprinkles plenty of humor through her diverting story.

Cyrus Townsend Brady's college tale (fourth in the series) takes up the seasonable subject of hazing at Annapolis. It is called "A Hazing Interregnum," and is as full of sport and as clever as anything which even this popular writer has published. "The Enterprise of Flora," by Francis Gribble, a leading English author, is a really brilliant little romance which opens in a dancing academy and ends—where many romances do not,—but to mention the place would be to tell Mr. Gribble's story.

Adachi Kinnosuké, the American-Japanese, contributes "A Cherry-bud in a Foreign Hand." "The Last Sonata," by Clinton Dangerfield, is a story of gold-mining in the West; short, but thrilling.

Of timely papers there are two: "Bees in Royal Bonnets," by Felix L. Oswald, M.D., a timely anecdotic article on the subject of royal peculiarities, and "Our Village Improvement Society," by Eben E. Rexford, giving practical suggestions for bettering, by united effort, the appearance of out-door surroundings. Coming from this authority, such advice cannot fail to be helpful to those who are striving to make suburban life beautiful. Charles G. D. Roberts contributes a charming April poem called "The Pipers of the Pools"; Madison Cawein a sonnet, "The Bluebird"; Florence Earle Coates a glad welcome to spring called "Persephone"; and Edmund Vance Cooke, "The Final Choice." The "Walnuts and Wine" department this month overflows with original matter in lighter vein, both of prose and verse.

Providence (R. I.) Medical Association. —The following officers were elected for the ensuing year: President, F. T. Rogers, M.D.; vice-president, S. A. Welch, M.D.; secretary, H. G. Partridge, M.D.; treasurer, W. A. Risk, M.D.

St. Bartholomew's Hospital. — The vacancy for the post of ophthalmic surgeon to St. Bartholomew's Hospital caused by the death of Mr. Bowater John Vernon has been filled by the election of Mr. Holmes Spicer. Mr. W. H. Jessop becomes senior ophthalmic surgeon in the room of Mr. Vernon, with the appointment of lecturer in ophthalmic medicine and surgery.

Rhode Island Medical Society.—The recently elected officers are: President, G. F. Keene; first vice-president, W. R. White; second vice-president, C. F. Barker; recording secretary, F. L. Day; corresponding secretary, H. Terry; treasurer, F. T. Rogers.

Death of an Eminent Foreign Professor. —Joseph Fodor, M.D., Professor of Hygiene at the University of Budapest, has recently died. He was born in 1843, studied under Pettenkofer at Munich, and

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later under Baron Liebig. Dr. Fodor was, after his master Pettenkofer, the best known of the European sanitarians, and did much toward rendering Budapest the healthy and beautiful city it now is.—Medical Record.

Painful Limping from Uteropathy. — De Luca describes three cases of lameness in women, owing to severe pains that appeared at the first steps or after walking a certain length of time. The pains affected the various groups of muscles in the lower members, and disappeared when the patient sat or reclined. The hobbling gait was traced to the influence of displacement of the uterus, retroversion, lateroversion, or prolapse with anteroversion. Alexander's operation in one case cured the limping and pains at once. In the others there was no operation performed.

Middleton Goldsmith Lecture.—The Middleton Goldsmith Lecture of the New York Pathological Society was delivered at the New York Academy of Medicine by Prof. Charles Sedgwick Minot, M.D., Professor of Histology and Human Embryology, Harvard Medical School. The subject was "The Embryological Basis of Pathology."

Professor Heinrich Stern.—Dr. Heinrich Stern has been elected Professor of Internal Medicine in the New York School of Clinical Medicine.

Deafness, Perversion of Taste, and Facial Paralysis Associated with Herpes.—At the annual meeting of the Otological Society of the United Kingdom Mr. A. H. Cheatle presented a patient, an unmarried woman aged 27, who had never suffered from her ears until the present attack. No definite history of syphilis could be elicited, but she had pigmented scars upon both legs, and a smooth ulcer the size of a threepenny-piece on the calf of the left leg. A fortnight before being seen at hospital she noticed some "blisters" on the right of the middle line of her neck below the chin and above the sternum. Several other such spots appeared in lines running to the back of the neck, as well as an isolated one immediately in front of the lobule of the ear. Shortly after the appearance of these spots severe neuralgic pains were experienced in the back of the neck and behind the ear, together with a roaring noise and deafness in the right ear. Right facial paralysis was also present. A week after the facial paralysis appeared she had an attack of vertigo, lasting two days, accompanied by vomiting. Her sense of taste also became perverted. On examination there was right facial paralysis; the right membrane was slightly retracted. She was placed on iodide, and counter-irritation was used behind the ear. —Journal of Laryngology, etc.

Post-partum Retention of the Membranes.—C. Maygrier reports 2 fatal cases of retention of the membranes out of 142 cases in all: a mortality of 1.4 per cent. In 16 other cases there were signs of infection, but these recovered. In one of the fatal cases a ligature was placed upon the projecting strip of membrane,—Tarnier's suggestion,—but it came away without the membranes, and digital scraping and clearing out the uterus and afterward curettage also were employed, but without averting the fatal issue. In the other case not the membranes, but the decidua alone was retained, and yet infection occurred; a digital curage, curettage, and later hysterectomy were performed, but death occurred on the forty-fourth day (acute septicæmia). Prophylactic clearing out of the uterus is therefore recommended.—British Medical Journal.

Work in the Garden a Cure for Tired Nerves.—A lady's fingers are much cleverer than the hired man's to prick out delicate seedings, to bud roses or graft trees, and skillful to practice all the delicate arts of propagating plants. It is surprisingly easy to raise a large stock of perennials and shrubs, to produce rose-bushes, to multiply anything of which the smallest scrap or seed can be procured. Work of this kind has a

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specially soothing charm for tired nerves, and equals the most perfect rest-cure. It will not injure the finest lady to prepare potting compost, to hoe or rake among her plants, to spread among them the beneficial mulch by which the hired man would probably kill many of them when roughly shoveling it against the stems. Only a lady knows how to tend the young rose-shoots and exterminate the marauding grub or green fly. Some very great ladies in England will not trust a gardener among their flowers or even to train fruit-trees or nail up climbing roses.—Anna Lea Merritt, in "New" Lippincott.

Relations Between the Nose and the Female Genital Organs. — By cocainization of the four genital spots in the nose A. Schiff succeeded in curing 34 out of 47 women of dysmenorrhœa. Mechanical and hysterical dysmenorrhœa were not affected, but all the cases of nervous origin, with or without palpable lesions in the genital sphere, and also the extramenstrual sacral and abdominal pains were cured. The facts observed indicate that the pain in many cases of dysmenorrhœa and similar conditions is not actually genital, but originates in menstrual or other irritation of the genital points in the nose, and is projected thence into the sacral and abdominal regions. This cocainization should always be done as a differentiating measure in cases of dysmenorrhœa in which the pain does not cease with the commencement of the flow, in order to distinguish between the purely genital and the projected pains. In case of a positive result, the genital points should be cauterized or, better still, treated with bipolar electrolysis. The points must be determined through the speculum and thoroughly anæsthetized, preferably with a 20-per-cent. solution of cocaine. He found it possible in a number of women to cause severe pains in the sacral or abdominal region by excitation of the genital points in the nose, thus corroborating the close connection between them. Weil has observed pain appear in the sacral region in men on tamponing the nose, and has cured 40 cases of dysmenorrhœa by cocainizing the genital spots in the nose, the influence of suggestion being completely excluded. Gomperz has had a similar experience, but found that the pains were never arrested for more than a year, after which they again required intervention. Grosmann has also temporarily cured epilepsy in a man of 45, arresting the seizures for five weeks by galvanocauterization of the inferior turbinated bone; but they recurred later. He has also succeeded in curing neuralgia of the first and second branches of the trigeminus and 3 cases of acute lumbago in men by treating the nose. In his experiments on animals, excitation of the superior laryngeal or of the first and second branches of the trigeminus nerve augmented the blood-pressure in the left auricle, with dyspnœa. This corroborates the connection which has long been noted between asthma and affections of the nose.—Journal of the American Medical Association.

The Examination of the Nails as a Means of Determining Whether a Person is Right- or Left- handed.—Dr. Minakow has continued and extended the investigations of Dr. Regnault. Dr. Minakow carried out a careful examination of the nails of 278 persons, including 37 students and doctors, 240 soldiers, 2 left-handed male servants, 26 newborn children, and 3 other young children. The chief conclusions he arrived at may be stated shortly as follows:—

In right-handed persons the nails of the right hand are broader than those of the left, whereas the opposite is observed in left-handed persons. In persons who are ambidextrous the corresponding finger-nails in both hands are, as a rule, equally broad. Exceptions to the above rules are generally due to previous disease of the nails, which have thus been deformed, and hence, in many right-handed persons, the sum of the breadth of the nails of the right hand may be found smaller than that of the nails of

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the left hand. In adults, as well as in the fœtus, the nail of the thumb is the broadest, and the nails of the rest of the fingers occupy the following order as regards their breadth: middle finger, fourth finger, index finger, small finger. The nails of the right hand, in right-handed persons, are usually somewhat less curved than those of the left hand, the opposite holding good in left-handed persons, while the greatest flattening is observed in the nails of the index finger and thumb. The flattening of the nails depends upon the nature of the physical employment of the individual; that is to say, the greater or less pressure to which the terminal phalanges have been exposed. The author is of the opinion that the above facts may have considerable medico-legal importance as an aid in deciding whether a certain person was right- or left- handed.—Medical Review of Reviews.

Elected.—Dr. R. B. Wild has been elected to the Leech Professorship of Materia Medica and Therapeutics at Owens College, Manchester.

Direct Blood-letting from the Liver.—Bemlinger relates three cases of severe pain in the hypochondrium radiating to the shoulder, increased by cough, movement, and even breathing; there was considerable enlargement of the liver. The diagnosis lay between acute hepatitis and abscess of the liver. After disinfection of the skin, the large needle of Potain's aspirator was introduced at the point of greatest pain or greatest tumefaction. If pus comes, incision and scraping are necessary; if several punctures in different directions give only blood this should be allowed to flow till two or three ounces have been abstracted. The wound is then closed with iodoform gauze and collodion. There has never been the least after-hæmorrhage. From the next day the patient is greatly relieved, and after a few days the liver decreases in size and the patient is cured. The author believes that the action is mechanical, though the amount of blood removed bears so small a proportion to the total amount in the organ. He suggests that its good effects might also be seen in congested liver of cardiac origin, as it is a simple and innocuous procedure.—British Medical Journal.

The Congenital Transmission of Tuberculosis through the Placenta.—D'Arrigo remarks that inheritance of tuberculosis may conceivably take place in three ways: (*a*) by the inoculation of the impregnated ovum by spermatic fluid containing the bacillus; (*b*) by infection in a tuberculous ovary; (*c*) by the passage of the bacillus into the fœtus through the placenta. He has never been able to find the tubercle bacillus in the spermatic fluid of infected guinea-pigs or in that of men affected with tuberculosis, except in the presence of disease of the generative organs themselves, or in the ovaries of women who have died from tuberculosis elsewhere. In experimentally investigating the third possible method of transmission, the bacillus must be demonstrated simultaneously in the placenta and in the fœtal organs in order to exclude infection by contagion at birth. Guinea-pigs were used. A certain number were infected, and then impregnated by healthy males; others were first impregnated and then infected. The latter nearly all aborted, but in one which did not tuberculous lesions were found in the placenta and in the fœtal liver. Those first infected and then impregnated showed tuberculous lesions varying with the period at which they were killed. The lesions occur in the following order: Utero-placental vessels, tissue of caduca, fœtal vessels, chorion, and then that fœtal organ in most direct connection with the maternal circulation, the liver. The animals born at full term and left alive all died in from five to sixteen days from general tuberculosis with lesions in the liver, spleen, lungs, and mesenteric and mediastinal glands. — British Medical Journal.

Gold-blindness, or Retinal Asthenopia and its Treatment.—In an interesting paper

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read before the Pennsylvania State Dental Society, Prof. L. Webster Fox, of the Medico-Chirurgical College, describes a disorder of which he has, during the last five years, seen many examples among dental students and practitioners. This particular form of asthenopia and the subsequent scotoma is primarily produced by the excess of yellow rays from the gold metal, which first overstimulate the rods and cones of the retina and then, as a sequel of this overstimulation or excessive vibration, exhaustion follows and scotoma, or blind spot, is the result. In the mechanical side of dentistry it is necessary to fuse gold plate at a great expense of carbon, which, when burning at a high temperature, produces a white light, but in reality an excess of the yellow rays exists. All this work should be done only under the protection of properly-tinted glasses. Not only is the filling lost to vision, but also the contour of the cavity. The defect is not allied to color-blindness. The far-sighted individual with a certain degree of astigmatism becomes the first victim. Any muscle-defect will bring on irritation, which sooner or later will cause gold-blindness. The general condition of the patient may also be a causation of the disease.

Tobacco and alcohol must be cut off, the patient should be moderate in eating, drink only water and take long walks, always carry the head in the erect position, and never reading while lying down. The effect of pictures containing green or, better still, grass and trees in leaf, is excellent. Dr. Fox systematically prescribes a slightly-colored glass of arundel or violet color. Violet modifies the excess of the yellow rays reflected from the gold, and makes a soothing glass for the retina.

A Pay Hospital for Contagious Diseases.—In accordance with a resolution of the Directors of the Pay Hospital for Contagious Diseases, Dr. J. Madison Taylor has prepared a statement of the history of the movement to secure such an institution for Philadelphia. Much lack of knowledge and prejudices exist as to the enormous value of placing all cases of contagious disease in suitable quarters where the contagion can be controlled and destroyed. It should be known most widely that such hospitals not only do not, cannot spread the maladies, but, as now arranged, they are the surest safeguard to the community.

It is not so well known as it deserves to be that when one is seized with a contagious disease in Philadelphia, who, for any cause cannot be satisfactorily accommodated when he is taken sick, there is only one institution where the law permits him to be received, and that is the Municipal Hospital. This place is, moreover, not only totally unfitted to accommodate those who are able and willing to pay for suitable quarters, but with the best intentions in the world the wards there are constantly full to their utmost capacity. The proportion of those who do, or may have, this calamity brought suddenly home to them is growing every year, and the proportion of contagious maladies is not growing less. Contagious disease has no right to exist and destroy life, and will not prevail when municipal regulations are met by full co-operation by the community.

Three years ago the Woman's Health Protective Association initiated a movement to secure such a hospital for Philadelphia. At the same time Dr. Taylor offered a resolution to the Philadelphia County Medical Society that a committee should be appointed to secure such a hospital for this city. The committee was formed with myself as chairman. We met the one from the Woman's Health Protective Association and formed a joint committee, and have organized a corporation, secured a charter, adopted a constitution and by-laws, and promulgated the idea broadly. We have repeatedly asked for support and recognition from the public and the medical profession, and we have collected some money.

The Woman's Health Protective Associa-

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tion got out a Woman's Edition of the Press from which a considerable sum was realized, and from this we received several hundred dollars. Owing to a misunderstanding between the ladies and the Cramp ship-building firm, they became apparently liable for an advertisement in this edition of the Press, costing nearly a thousand dollars, a sum much larger than they had intended to pay. However, upon presenting the facts, and the object for which it was to be used, the head of the firm promptly handed over this large sum to me as treasurer, making practically a donation to the hospital, constituting the largest single contribution we have had from any source.

Later a doll show was organized by the joint committee at which a sum of several thousand dollars was realized, and of this we got two thousand after much delay.

The Hotel-keepers' Association have passed resolutions heartily indorsing the movement from a realization of which they would be among the first to benefit. Among these gentlemen we have always had the utmost encouragement and support. In this connection we must mention the gift of time, attention, and the equivalent of much money of Mr. George M. Swett of the Walton, and his wife as well, who is one of our directors.

The officials of the Municipal Hospital and of the Board of Health have always helped and encouraged us nobly. The community has long felt great and groundless anxiety from the situation of the Municipal Hospital, and constant and strenuous endeavors are made to remove this to any or no place. Many persons whose intelligence in other directions is good believe or declare that the hospital is a source of menace to the people. Whereas the facts are, and statistics abundantly prove, that fewer cases of contagious disease arise in the ward in which the Municipal Hospital is situated than any in the city.

The people do not realize that a Hospital under fair regulation is a positive safeguard to the community by collecting the sources of contagion and destroying them utterly. Modern ventilation is not the dissemination of effluvia by the opening of windows and allowing volatile or floating morbific particles to escape broadly into the outside air, but involves the collection of the emanations by suction and the passage of this polluted air through superheated steam-chambers or otherwise totally destroying the germs of disease. The dangers are thus not only not diffused, but made to cease. The perils to the people from sources of contagion arise in the unreported, unrecognized, or uncontrolled cases of disease, or from the convalescents, or others who live with them, who travel about our thoroughfares and in our public conveyances.

Rudolf Virchow Fund.—TO THE AMERICAN MEDICAL PROFESSION:

On October 13, 1901, *Rudolf Virchow* will be eighty years old. When he completed his seventieth year a fund was started in his honor to enable the great master to facilitate scientific research by establishing scholarships, and by encouraging special medical and biological studies. Contributions to that *"Rudolf Virchow Fund"* were furnished by those in all countries interested in progressive medicine, as a homage to the man whose name is always certain to arouse admiration and enthusiasm.

In Berlin a large committee—containing among others the names of A. Bastian, v. Coler, A. Entenburg, B. Fraenkel, O. Israel, Fr. Koenig, C. Posner, and W. Waldeyer—has been formed to call for contributions which are to be added to the original "Rudolf Virchow Fund" so as to increase its efficiency. The committee expresses the opinion that in no better way, and in none more agreeable to the great leader of modern medicine, can his eightieth birthday be celebrated, and ask for the sympathy and co-operation of all those engaged in the study and practice of scientific medicine all over the globe.

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The undersigned have formed a subcommittee for the purpose of making the American profession acquainted with the intentions of the Berlin committee, and urge their colleagues to participate in honoring the very man who has done more, in these fifty years, than any other to make medicine a science, and international.

Subscriptions should be sent to their secretary, who will receipt therefor: Charles A. L. Reed, President of the American Medical Association. Henry P. Bowditch, President of the Congress of American Physicians and Surgeons. William K. Welch, Johns Hopkins University. Robert F. Weir, President of the New York Academy of Medicine. A. Jacobi, 110 West Thirty-fourth Street, New York, secretary.

Emergency Hospital at the Pan-American Exposition. — A very pretty hospital building stands near the west end of the Mall. Floor-area rather than elevation is a prominent feature in the construction of this important adjunct to the Exposition. Utility is the prime consideration in this design, though it is by no means a case of utility unadorned. In conformity with the general Exposition plan the free Spanish *renaissance* has been treated, in this instance, with a strong leaning toward the old mission interpretation.

Having a frontage of 90 feet on the Mall, the main wing has a depth of 38 feet, with a height of but one story, except in the centre, where it assumes the form of a square tower with a rounded top. This tower attains to the pretentious height of two stories surmounted with two flagstaffs. One staff supports the Exposition flag and from the other waves the well-known Red-Cross Banner, the only universal international emblem that is recognized and reverenced in all countries.

A rear wing one story high runs back from the centre portion a distance of 56 feet with a width of 32 feet.

Modern arrangements that are both convenient and sanitary mark every feature. Approved medical and surgical appliances have been carefully selected in regard especially for their adaptability to emergency work and the exigencies that are likely to arise.

The main office contains telephone and electrical annunciator, and messenger call-service, with other modern and necessary appurtenances. The first floor front contains in the extreme western wing two male wards with seven cots each, a bath-room, physicians' office, a morgue, and a linen-chest. The eastern wing contains a women's ward, large enough to hold a dozen cots, with direct communication to the women's bath-room. The rear wing extending back from the main entrance contains the operating-room, sterilizing department, and instrument cases. In the extreme southern end of this wing is the storage-room for the electrical ambulances; this room also contains a station for recharging the batteries. In addition to the two electrical ambulances, a steam or gasoline motor ambulance will be provided to be ready in case of a possible failure of the electrical current.

In the matter of equipment and appliances, everything is of the newest and best. Roswell Park, M.D., is the director; Vertner Kenerson, M.D., deputy director; and Dr. Alexander Allen is the resident physician.

In regard to the importance of this adjunct to the Exposition it may be said that up to the first of March five hundred and four cases have been treated on the grounds, only one of which proved fatal. These include all forms of sickness and accidents to workmen employed upon the construction-work.

The Northeastern Ohio Union Medical Association. — The following officers were elected for the year: President, Dr. G. L. Starr, of Hudson; first vice-president, Dr. George S. Peck, of Youngstown; second vice-president, Dr. A. E. Foltz, of Akron; recording secretary, Dr. J. H. Seiler, of

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Akron; corresponding secretary, Dr. C. W. Milliken, of Akron; treasurer, Dr. H. H. Jacobs, of Akron.

Phlebitis of the Left Lower Extremity and Appendicitis.—Villard and Vignard remind us that numerous authorities have called attention to the hepatic, pleural, and psoas complications of appendicitis; to these they are able to add two cases in which thrombophlebitis of the left femoral vein followed the well-known malady. Only one similar case has been heretofore reported, that by Roux, of Lausanne. The phlebitis commenced, in the first of the two cases mentioned, seven days after a successful operation; at the same time the patient began to manifest all the symptoms of embolism of the lungs; so it must be supposed that a fragment had become detached from the vein in the leg. About two weeks later the leg commenced to improve, and in six weeks the lung condition showed signs of mending as well. A second similar case turned out fatally, and, in addition to the two mentioned, the authors quote two further instances from Paris clinics; of these the first died and the second recovered. The explanation for these complications lies, according to these authors, in metastasis by way of the blood-channels. For, strange to say, the disease does not occur on the right side. The cases described were none of them operated upon early in the disease; so it occurs to the authors that this is another good reason for not waiting too long with operation in appendicitis, just as one should not wait for general sepsis to complicate an abscess before operating.—St. Louis Medical Review.

American Monthly Review of Reviews.—Industrial topics are prominent in the editorial discussion which occupies the opening pages of the April Review of Reviews. The editor's comments on the formation of the "billion-dollar" steel company and on the threatened strike of the anthracite coal-miners are pointed and instructive. There are also several suggestive paragraphs on the recent railroad consolidations, the question of government ownership in Canada, and modern transportation problems in general, including an exposition of the American canal policy. Mr. W. T. Stead contributes an illustrated character sketch of England's new queen, Alexandra, of whom comparatively little is known in this country. The careers of two eminent American statesmen who have passed away within the past month are sketched in the April Review. Gen. Thomas J. Morgan tells the story of ex-President Benjamin Harrison's life-work, while the half-forgotten achievements of ex-Senator William M. Evarts are reviewed by Dr. Albert Shaw.

An outspoken criticism of the present French ministry, from the pen of a patriotic young Frenchman, whose republicanism is unquestioned, is one of the novel features of the April Review. "France on the Wrong Track" is the title of Baron de Coubertin's contribution, and it must be conceded that the writer produces a surprising amount of evidence to support his contention. Socialism, in his opinion, is the greatest danger that threatens France to-day.

"The Indian Territory: its Status, Development, and Future," is the subject of an instructive article contributed by Col. Richard J. Hinton. A paper is contributed by Dr. Augustus Caillé, of New York City, on "The Relation of the Family Doctor to Recent Progress in Medical Science." Mr. Kenyon L. Butterfield describes an important effort in Michigan—known as the "Hesperia Movement"—to bring the teachers and the patrons of rural schools into closer association and co-operation. In the same issue of the Review Prof. L. H. Bailey tells what has been done in New York State to stimulate interest in nature-study among both teachers and pupils of rural schools. One of the interesting features of the April Review is a brief account, by Sylvester Baxter, of the benefactions of

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Mr. H. H. Rogers, the "Standard Oil" magnate, to his native town, Fairhaven, Mass.

Dr. Busey's Will.—The will of Dr. Samuel C. Busey has been filed for probate at Washington, D. C. To the executor of his will is left his medical library, instruments, etc., in trust, to be presented to some public hospital or medical association in the district.

Gift to the University. — A new obstetrical amphitheatre will be added to the University-of-Pennsylvania Hospital before the close of the present college year. The Trustees have accepted the gift of $25,000 for this purpose from Mrs. C. B. Newbold, of Philadelphia, and work will be begun immediately. The new building will be known as the Scott Amphitheatre, in memory of Mrs. Thomas A. Scott, Mrs. Newbold's mother. It will be built adjoining the west wing of the present Maternity Pavilion, with the entrance on Hamilton walk. The building will be of brick, 50 feet square, and will accommodate 150 students. A complete sterilizing plant for instruments and bandages will be the most unique feature. A system of piping will also be introduced to be used for flooding the operating department after each operation.

The entire equipment will be of the most modern style, and the amphitheatre will be the most complete of its kind in the country. It will not be used until the beginning of the next college year.—Philadelphia Evening Telegraph.

Death of a Dublin Professor. — Another great Dublin scientific man has just passed away, in the person of George Francis Fitzgerald, F.R.S., D.Sc., Professor of Experimental Science in the University of Dublin. Dr. Fitzgerald, who was only 49 years of age, had held his professorship for twenty years, and was one of the most deservedly popular teachers in the university of the Irish capital.—Medical Record.

Death of Dr. Manassein.—Dr. Manassein, of St. Petersburg, one of the most distinguished physicians in Russia, died quite recently. He was born in Kazan, in 1841, and after studying medicine in Moscow and Dorpat traveled abroad to various foreign universities. At Tübingen he worked under Professor Hoppe-Seyler, and was intrusted by him with the charge of the "castle laboratory." On his return to Russia Dr. Manassein became assistant to Professor Balkin, and in 1876 was appointed clinical professor. His chief work lay in experimental pathology. For many years he was editor of the chief Russian weekly, the Vrach.

Wanted More.—A man in a certain Iowa town, having by persistent toil become rich, decided to build himself a house and retire in comfort. House finished, he proceeded to furnish it. Knowing nothing at all about literary matters, he gave a local dealer *carte blanche* in the matter of stocking the library.

Some time after the books had been put in place the man walked into the bookstore.

"How do you like your new books, Mr. R.?" inquired the dealer.

"Fus' rate—fus' rate," replied the customer. "An' say, when that fellow Shakespeare writes any more you jes' let me know. If they're good ez the one I've got I'll buy 'em every time."—Edwin L. Sabin, in April "New" Lippincott.

April Ladies' Home-Journal. — "The Beautiful Jewess Who was Called the Princess of Her People," an article in the April Ladies' Home-Journal, tells of the best-beloved woman of her race. She was the prototype of the Rebecca of Scott's "Ivanhoe," and one of the most beautiful American belles of her day. In "The Lovers of a Cheerful Giver" Rev. David M. Steele unmasks the cunning and trickery of vagrants who prey upon the gullible. There is also an admirable dramatization of Richard Harding Davis's story, "The Princess Aline," illustrated by Charles Dana Gibson, in the April Journal. "How

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Golf is Played" is shown in a series of photographs of Miss Griscom, the American woman champion. Replying to a woman's questions, Edward Bok advances some forcible arguments for leading a simpler life, and Helen Watterson Moody writes on "The First Tragedy in a Girl's Life." The new fiction of the issue is unusually inviting. There are three stories: "The Man's Part," by Gelett Burgess; "The Little Sister at Saint's Lake," by W. A. Fraser, the Canadian novelist; and "The Learning that Abe Had," a tale of the Kentucky Mountains, by Laura Spencer Portor. The three architectural features will be of value to every home-seeker of moderate means, and the fine showing of fashions will interest all women and girls. There are special articles on a great variety of domestic themes. Published by the Curtis Publishing Company, Philadelphia. One dollar a year; ten cents a copy.

McClure's Magazine.—A vivid light is thrown on the actual moral *status* of the police in New York City by Josiah Flynt's article in McClure's for April, under the title "'York,' a Dishonest City." The present agitation of this subject attaches particular interest to the contribution, while the manner in which the famous author has gained his materials—by close association with the criminals themselves—will make his conclusions of extraordinary value.

"The Story of the Beaver," told by William Davenport Hulbert, gives a complete and sympathetic account of an animal concerning which very little is commonly known. Many and elaborate pictures complete this interpretation of the beaver's life. Ida M. Tarbell tells of "The Disbanding of the Confederate Army," an article of strongest interest and, too, of historical importance. "Walks and Talks with Tolstoi," by Andrew D. White, Ambassador to Germany, give a realistic picture of the great Russian genius. "Ploughing," by Martha McCullough-Williams, describes a day among fields and furrows in the South. In fiction this number contains matter of striking excellence: An installment of "Kim," by Rudyard Kipling; a story of amusing imagination in child-life, by Josephine Dodge Daskam; a brilliant narrative of a Wall Street deal, by Edwin Lefèvre; and other stories. The illustrations will be remarkably abundant and of great merit. Among the artists who have contributed are Edwin Lord Weeks, Lockwood Kipling, Maude Cowles, Orson Lowell, A. Radclyffe Dugmore, F. Y. Cory, Frederic Dorr Steele, and W. R. Leigh.

American Academy of Medicine. — The twenty-sixth annual meeting of the American Academy of Medicine will be held at St. Paul, Minn., on Saturday, June 1, 1901, at 11 A.M. (executive session; the open session beginning at 12 M.), and continuing through Monday, June 3d. The principal features of the meeting will be a symposium on "Institutionalism," and another on "Reciprocity in Medical Licensure." Series of valuable papers on both topics have been promised, as well as interesting papers on some other subjects.

The Therapeutic Monthly.—A new journal having the above title has been founded in this city and will be under the editorial supervision of Prof. James Tyson, with Dr. Thomas L. Coley as associate editor.

New York Medico-surgical Society.—At the annual meeting of the New York Medico-surgical Society the following officers were elected: President, Robert A. Murray, M.D.; vice-president, A. R. Robinson, M.D.; member of the Executive Committee, W. Duff Bullard, M.D.; secretary, J. Arthur Booth, M.D.

Removal.—Dr. Joseph Sailer has removed to 248 South Twenty-first Street, Philadelphia.

Italian Pediatric Congress. — The subjects selected for discussion at the Italian Pediatric Congress, to be held at Florence from October 15 to 20, 1901, are: "Infantile Atrophy (Athrepsia)," to be intro-

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duced by Professor Fede, of Naples, and Professor G. Berti, of Bologna; the "Respiratory System of Early Infancy," by Professor C. Mya, of Florence, and Professor Mensi, of Turin; and the "Acute Affections of the Digestive Apparatus in Sucklings," by Professor Concetti, of Rome, and Professor R. Guaita, of Milan.

The Practitioners' Club of Louisville, Ky.—The Practitioners' Club, an organization composed of Louisville physicians, held its annual meeting and banquet at the Louisville Hotel recently. The following officers were elected: Dr. John J. Moren, president; Dr. C. E. Bloch, vice-president; Dr. D. H. Keller, secretary, and Dr. J. E. Windell, historian. After the business meeting a banquet was served.

McGill University, Montreal.—Dr. J. G. Adami, Professor of Pathology at this university, has been appointed Vice-president of the Section of Pathology and Bacteriology of the International Congress on Tuberculosis, to be held in London in July.

The American Laryngological, Rhinological, and Otological Society.—The seventh annual meeting of the American Laryngological, Rhinological, and Otological Society will be held at the New York Academy of Medicine in the city of New York, May 30 and 31 and June 1, 1901.

The Action of Opium upon the Stomach.—Lépine, of Lyons, has drawn attention to an interesting result of the administration of opium or its preparations in certain cases of stomach derangements. Twenty-five years ago he was treating a young lady for gastralgia, and one day ordered her a preparation which at the time was somewhat in favor, particularly for stomach pain, namely: the "black drops" of Majendie. To his astonishment this medicine was followed by a distinctly unfavorable result, the patient suffering greater pain each time she took it. He made a note of this in his memory, and some years afterward found the explanation in certain experiments which show that opium increases the acidity of the gastric juice. Since that time he has had many opportunities of observing hyperchlorhydric patients who have been ordered opium or its preparations, and have experienced a similar disastrous result. He admits that this does not always follow, but, although not common, it is real, and he draws attention to it because, so far as he knows, it is not mentioned in the most recent works upon stomach diseases. In support of his statement that the administration of opium causes excessive secretion of gastric juice, he quotes the experiments of Kleine, Riegel, and Hirsch. He concludes by saying that opium and its preparations should not be given to hyperchlorhydric patients, even if they complain of sharp pain. He has always found large dose of sodium bicarbonate, administered during the digestive period, or, if needful, atropine sufficient to give relief in such cases. Moreover, in cancer of the stomach, where secretion of hydrochloric acid is low, there is no objection to the use of morphine.—British Medical Journal.

Literary Note.—Messrs. Lea Brothers & Co. have pleasure in announcing for early issue "A Practical Treatise on the Blood and its Diseases," for practitioners, laboratory workers, and students, by James Ewing, M.D., Professor of Pathology in Cornell University Medical College, New York. This will be a handsome octavo volume of about four hundred and fifty pages, amply illustrated with plates and engravings.

Tendon-reflexes in Typhoid Fever.—Remlinger has investigated the condition of the deep reflexes in 100 cases of typhoid fever. In 29 cases the knee-jerks were absent. Three of these ended fatally; the other 26 were all mild cases, many of them of the abortive or gastric type. Eleven of the patients regained the reflexes before discharge from hospital. There were 17 cases which showed diminished knee-jerks, 2 of the patients dying. Normal reflexes were found in 22 cases, which were generally

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mild and uncomplicated. In 3 of these the patients died. Exaggerated knee-jerks were observed 32 times, with 7 deaths. These cases were, for the most part, severe, of an ataxic or adynamic type. Ankle-clonus was elicited in 21 instances, 6 of the cases ending fatally; while among the 79 cases in which it was absent there were only 9 deaths. Patellar clonus was found 8 times, with 2 deaths. In 3 cases marked ankle-clonus was obtained by tapping the tendo Achillis, 1 case being fatal. The so-called contralateral patellar reflex, marked extension of the opposite leg on tapping a patellar tendon, was seen twice. It seems then that there is no constant relation between the state of the deep reflexes and the gravity of the patient's condition. But in severe adynamic forms these reflexes tend to be exaggerated. Again, abolition of deep reflexes would seem to be a favorable prognostic sign. In convalescence there is always a tendency to increase of the knee-jerks. Ankle-clonus was often first observed with sweating and polyuria in the cases which ended by more or less marked crisis.—British Medical Journal.

Reception to Dr. Charles L. Dana.—The Medical Club of Philadelphia recently tendered a reception to Dr. Dana, Professor of Mental and Nervous Diseases in the New York Post-Graduate Medical School.

Death of William R. Warner.—The medical profession learned with regret of the death of William R. Warner, the well-known manufacturing pharmacist of this city. The following card has been issued by the firm of which he was the head:—

"It is with feelings of profound sorrow that we announce the death of our senior, Mr. William R. Warner, which occurred on the morning of Wednesday, April 3, 1901. His business career, covering a half-century, was not only long, but honorable, and his impulses as a man were kind and generous. We feel that his loss is not ours only, but will be shared by all who came in contact with him in either trade or social circles. William R. Warner & Co., Philadelphia, April 4, 1901."

International Monthly. — In the International Monthly for April, Colonel Larned of the Military Academy writes upon "West Point." It is doubtful if any educational institute has ever been so superbly vindicated by trial as the National Academy at West Point, or has better demonstrated the fitness of its purposes and methods to accomplish ends. The Academy is now in its centennial year, stands to-day foremost among the military schools of the world, and has cost for the whole period but $22,000,000: a sum needed yearly by the army before its enlargement. The article is of unusual interest, and gives information for which one could long seek in vain from other sources.

Among the other essays the most notable is a description of Russian character: a study of the people; of how they are affected by the political, religious, educational, and other conditions existing in Russia. This interesting and valuable paper is by J. Novicow, a Russian living in Odessa. It is the second in the series of studies on "National Characteristics," following the equally interesting essay by Bosanquet upon the English people. The French people are to be described by Fouillée in an early number.

Professor Jevons writes upon the "History and Method of the Science of Religion": an attractive subject treated in an attractive manner. The eminent Italian composer, Pietro Mascagni presents "A Tribute to Verdi."

Scribner's Magazine. — Scribner's Magazine for April, in addition to articles of travel, adventure, and art, by Walter A. Wyckoff, John Fox, Edwin Lord Weeks, and others, contains six short stories, three of them by new writers. On its art side this number is also rich and varied. Edwin Lord Weeks contributes a very elaborate illustrated article on "Two Centres of Moor-

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ish Art" which reveals his wonderful skill as a painter of Oriental subjects.

Walter A. Wyckoff, the author of "The Workers," reappears after an interval of several years as a contributor of more articles founded on his unique experiences when as a college man he became a day-laborer. In this issue his paper is called "A Day with a Tramp," and it is a most interesting revelation of the intimate thoughts and ambitions of a real tramp.

Since Charles Egbert Craddock's first novels, the Southern mountaineer has been used as material for fiction, and among the best adapters of that material has been John Fox, Jr. He contributes to this edition the first of two papers which depict the mountaineer realistically.

Mrs. Gilbert's "Stage Reminiscences" are concluded in this number.

In addition to Mr. Weeks, another artist appears as the illustrator of his own text—Peixotto contributing a brief paper with pen-drawings on the romantic village of "Cordes."

The six short stories represent many novel ideas in fiction. A new writer of sea stories, James B. Connolly, first appears in this magazine with the tale of "A Chase Over Night," being the exciting account of a race between two Gloucester fishing schooners.

In "Skipper" the ups and downs in the career of a prize horse in the police squad are narrated by Sewell Ford.

Robert Alston Stevenson appears with the story of a strike in New York, entitled "The Union and Billy Bell."

Arthur Colton has a short story of Connecticut village life, with a returned soldier as the hero.

The Saturday-Evening Post. — Recent noteworthy articles which have appeared in the Saturday-Evening Post are by ex-President Cleveland on "Civil Service Reform"; Admiral Robley D. Evans on "Incidents of His Visit to Kiel"; Gen. Charles King on "The Leading Officers of the Civil War." One which will appear on May 11th is by Sir Thomas Lipton, entitled "The Sports that Make the Man." He places yachting high on the list and gives some interesting anecdotes of his own career as an amateur yachtsman.

Sir Thomas is hopeful, if not confident, of "lifting" the America's Cup next autumn. He says, however, that if it were a certainty he would not cross the water; for there is no sporting interest in "sure things."

Book Reviews.

A Hand-book of Materia Medica, Pharmacy, and Therapeutics. Including the Physiological Action of Drugs, the Special Therapeutics of Disease, Official and Practical Pharmacy, and Minute Directions for Prescription-writing. By Samuel O. L. Potter, A.M., M.D., M.R.C.P.-Lond., Formerly Professor of the Principles and Practice of Medicine in the Cooper Medical College of San Francisco, etc. Eighth Edition, Revised and Enlarged. Philadelphia: P. Blakiston's Son & Co., 1901.

The first edition of Dr. Potter's work was well received, and the favor which it gained has been maintained through the different editions which have been put forth from time to time. The book contains a wealth of information on the many points which come within its extensive province and may be consulted with profit by the practitioner. It is well adapted for instruction of the undergraduate. Its descriptions are clear and concise. The author sets forth the distinctive feature of physiological action of the principal drugs used as remedies, and shows from this basis the indications for their therapeutical employment. In the present issue he has incorporated new material, especially relative to many compounds which chemistry has added to our resources. The author has utilized his experience with

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our troops in Manila in referring to the treatment of diseases particularly prevalent in the tropics. Much useful information of various kinds is found in the appendix, including many valuable tables. The book is accompanied by a copious index.

As the text has been brought up to the present day, we can only reiterate our opinion of the book as expressed in notices of preceding editions.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc. Assisted by H. R. M. Landis, M.D., Assistant Physician to the Out-patient Department of the Jefferson-Medical-College Hospital. Volume I. March, 1901. Surgery of the Head, Neck, and Chest—Infectious Diseases, Including Rheumatism, Croupous Pneumonia, and Influenza—Diseases of Children—Pathology—Laryngology and Rhinology—Otology.

The section upon the surgery of the head, neck, and chest has been written for this volume by Dr. J. Chalmers Da Costa, who has selected from the literature of this subject everything of moment which has been published since the last report was made. This section embraces much of the most delicate and important work of surgery. The chapter on infectious diseases is contributed by Dr. Frederick A. Packard, who has carefully gone over the ground assigned to him and presents the reader with the gist of what has been published lately concerning the infectious disorders. The part of the volume relating to diseases of children is from the pen of Dr. Floyd M. Crandall, who is well known as a practitioner and writer upon the subject of juvenile affections. None is better fitted than Dr. Ludvig Hektoen to exhibit the progress which has been made in the department of pathology. This is a field in which research is especially active, and physicians in busy practice continually feel the need of a concise, yet reliable, exposition of what is being done and what has been discovered. Dr. A. Logan Turner, of Edinburgh, reviews the recent publications in laryngology and rhinology. The literature of otology has been surveyed for the benefit of the reader by Dr. Robert L. Randolph, of Baltimore. These writers do not content themselves with merely abstracting and condensing the publications of others, but comment, favorably or adversely as may be, upon the material which they have collected.

International Clinics. A Quarterly of Clinical Lectures and Especially-Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology; Diseases of the Eye, Ear, Nose, and Throat; and Other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U. S. A., with the Collaboration of John B. Murphy, M.D., of Chicago; Alexander D. Blackader, M.D., of Montreal; H. C. Wood, M.D., of Philadelphia; T. M. Rotch, M.D., of Boston; E. Landolt, M.D., of Paris; Thomas G. Morton, M.D., of Philadelphia; Charles H. Reed, M.D., of Philadelphia; J. W. Ballantyne, of Edinburgh; and John Harold, M.D., of London. With Regular Correspondents in Montreal, London, Paris, Leipzig, and Vienna. Volume I. Eleventh Series, 1901. Philadelphia: J. B. Lippincott Company, 1901.

The different volumes of this series constitute an international post-graduate course. In their pages we meet with clinical lectures and special communications from many of the first teachers of this and other countries. These are put forth in the shape which is most appreciated by the general practitioner. They are condensed and

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to the point. They present the fundamental and essential facts of their subjects. We find in the present volume, for example, a lecture by Professor Delafield, of New York, upon some diseases of the chest and the blood; a report concerning one hundred cases of aortic aneurism, with details of three cases of aneurism of the basilar artery, by H. Batty Shaw, of London; a lecture on nervous diseases and psychoses following the grippe, by Dr. William Broaddus Pritchard, of New York; a lecture on various interesting surgical cases, by Prof. William L. Rodman, of Philadelphia; on compression of the brain, by Prof. D. B. Roncali, of Rome; on the diagnosis of iritis and glaucoma, by Edward Jackson, of Denver; and numerous other important communications which space does not allow us to enumerate. The volume closes with a review of the progress of different branches of medicine during the year, by Dr. N. J. Blackwood. The entire number can be perused with pleasure and profit.

A System of Practical Therapeutics. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc. Second Edition, Revised and Largely Rewritten. Volume III. Anæsthesia and Surgical Technique —Fractures and Dislocations, and Minor Surgery—Surgery of the Lungs and Pleura and of the Peritoneal Cavity, the Rectum and Anus—Diseases of the Genito-Urinary Apparatus and of Parturition and of the Puerperium—Diseases of the Eye and Ear and of the Upper Respiratory Tract. With Illustrations, Lea Brothers & Co., Philadelphia and New York, 1901.

This volume is devoted to general or special surgery. Some of the writers to whom its preparation has been intrusted are Dr. Henry R. Wharton, of this city, who considers the treatment of fractures and dislocations; Dr. Joseph Ransohoff, of Cincinnati, who describes cerebral concussion and shock; Dr. George Ryerson Fowler, of Brooklyn, who is at home in the discussion of appendicitis; Dr. Edward Martin, of Philadelphia, who contributes the section on obstruction of the intestines; Dr. Joseph M. Mathews, of Louisville, who is universally known as a specialist, writes of diseases of the rectum and anus; Dr. William T. Belfield, of Chicago, presents the subject of therapeutics of the male genito-urinary tract; the treatment of diseases of the same tract in women is the work of Dr. Edward E. Montgomery, of Philadelphia; the task of narrating the therapeutics of the pregnant woman, before, during, and after delivery, was confided to Dr. Edward P. Davis, of Philadelphia; Dr. Casey A. Wood, of Chicago, goes into the question of the treatment of diseases of the eye by the general practitioner; Dr. S. MacCuen Smith, of Philadelphia, writes of the treatment of diseases of the ear by the general practitioner; Dr. E. Fletcher Ingals, of Chicago, of diseases of the nasal chambers and associated affections; while Dr. D. Braden Kyle, of this city, depicts diseases of the uvula, pharynx, and larynx.

Introduction to the Differential Diagnosis of the Separate Forms of Gall-stone Disease, based upon his own Experience Gained in 433 Laparotomies for Gall-stones. By Professor Hans Kehr, Halberstadt. Authorized Translation by William Wotkyns Seymour, A.B., Yale; M.D., Harvard; Formerly Professor of Gynæcology in the University of Vermont, etc. With an Introduction by Professor Kehr. Philadelphia: P. Blakiston's Son & Co., 1901. Price, $2.50.

This is a valuable and extremely interesting book, based upon a wide experience. It is a most excellent and convincing presentation of the subject from the surgeon's point of view, and the original text has been skillfully rendered into English. The frequency of the disease and the terrible pain which it often excites, not to dwell upon the danger, render the question of treat-

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ment of direct and immense practical importance. In this work the author very carefully studies the diagnosis of the disease and the circumstances in which surgical intervention is in the best interests of the patient. The personal experience of the translator, both as a patient and an operator, has deeply interested him in the subject. Altogether, this book is, in its field, another powerful argument in favor of early operation in a class of cases which seldom manifest any spontaneous tendency to improvement, and which are but little amenable to internal medication.

Memoranda of Poisons. By Thomas Hawkes Tanner, M.D., F.L.S. Eighth Revised Edition. By Henry Leffmann, A.M., M.D., Professor of Chemistry in the Woman's Medical College of Pennsylvania, etc. Philadelphia: P. Blakiston's Son & Co., 1901. Price, 75 cents.

This small work, of pocket dimensions, is filled with practical information concerning the extremely important subject to which it is devoted. Every practitioner should possess and study such a work. None is more capable of editing the book than Dr. Leffmann.

A Compend of Human Physiology. Especially Adapted for the Use of Medical Students. By Albert P. Brubaker, A.M., M.D., Adjunct Professor of Physiology and Hygiene in the Jefferson Medical College, etc. Tenth Edition, Revised and Enlarged. With Illustrations and a Table of Physiological Constants. Quiz Compends No. 4. Philadelphia: P. Blakiston's Son & Co., 1900. Price, 80 cents.

Dr. Brubaker's book exhibits the subject of human physiology as well as can possibly be done within such restricted limits. The leading facts of the science are succinctly stated. It is reliable as far as it goes. It has been frequently revised by its author in order to remain representative of the present state of knowledge on this exceedingly important branch of medical study.

Nursing Ethics for Hospital and Private Use. By Isabel Hampton Robb, Graduate of the New York Training-school for Nurses Attached to Bellevue Hospital; Late Superintendent of Nurses and Principal of the Training-school for Nurses, Johns Hopkins Hospital, Baltimore, Md., etc. Cleveland: J. B. Savage, 1901.

This is an interesting and well-written book, full of good advice. It cannot fail to be notably useful to the class for which it is particularly intended. It deals, as indicated by its title, with questions relating rather to the personal conduct of the nurse in relation to her duties and to those with whom she is brought in contact. The gifted writer follows the young woman through every stage of her career, from the time she enters a hospital as probationer till the period when she goes forth into the world armed with her diploma. We would cordially recommend this book to any young woman who is about to enter, or who has entered, on the work of preparation for professional nursing. By carefully imbibing the spirit of the book, and accepting its precepts, advice, and suggestions the nurse cannot fail to become additionally fitted for success in her important and oftentimes delicate ministrations.

Laryngeal Phthisis, or Consumption of the Throat. By Richard Lake, F.R.C.S., Surgeon Laryngologist to North-London Hospital for Consumptives, etc. With 36 Illustrations, 21 of which are Colored. Philadelphia: P. Blakiston's Son & Co. Price, $2.00.

This is an excellent monograph upon an important subject. Laryngeal tuberculosis is, unfortunately, so common that it often comes under the observation of the family physician, and in many instances he must himself manage the treatment without any assistance from the specialist. The present

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work, therefore, should meet with general appreciation. Its author has enjoyed exceptional facilities for the study of that form of tuberculosis of which he writes, and he may be followed as a trustworthy guide. This is a manual of local treatment only, as internal medication comes within the province of the general physician.

The Medical News Pocket Formulary for 1901. By E. Quin Thornton, M.D., Demonstrator of Therapeutics, Pharmacy, and Materia Medica in the Jefferson Medical College, Philadelphia. Third Edition, Revised and Enlarged. Philadelphia and New York: Lea Brothers & Co., 1901.

Under the names of the different diseases, arranged alphabetically, this book contains approved prescriptions, collected from various sources. Many new combinations of old drugs are suggested, and examples are given of the manner of prescribing such new drugs as have been found useful. The book also contains tables of incompatibles, poisons and antidotes, and doses.

CURRENT MEDICAL LITERATURE.

Report of 1371 Cases of Tuberculosis Treated in the Asheville Climate. By James A. Burroughs, M.D., Asheville, N. C.

The Normal Position of the Uterus in the Pelvis Considered in Relation to its Physiological Mobility. By Hunter Robb, M.D., Cleveland.

Educational and Legislative Control of Tuberculosis. Degenerative Results of Deficient Ventilation. By Charles Denison, A.M., M.D., Denver, Col.

Catalogue of the Medical and Dental Departments of the National University, Washington, D. C., for 1900-1901.

The Third Annual Announcement, Columbian Medical College, Kansas City, Mo. Session, 1900-1901.

Gross Medical College, Denver, Col. Circular of Information and Register of Students. Session of 1900-1901.

Annual Announcement, Ohio Medical University, Columbus, Ohio, 1900-1901. Departments of Medicine, Dentistry, and Pharmacy.

Operation for Cure of Large Incarcerated Hernia of Long Standing. By J. C. Weidman, M.D., Mercer, Pa.

Cottage State Hospital for Injured Persons, Mercer, Pennsylvania. Third Annual Report.

Annual Announcement and Catalogue of the Baltimore Medical College. Session 1900-1901.

One-Hundredth Annual Report, The Magdalen Society of Philadelphia. Founded, 1800. Incorporated, 1802.

Eighty-third Annual Report, 1900, Friends' Asylum for the Insane. Frankford, Philadelphia.

Gastrostomy for Traumatic Stricture of the Esophagus—Report of Case. By George Ben Johnston, M.D., Richmond, Va.

Mosquitoes and Malaria. Compliments of McKesson & Robbins, New York.

Pure-Food Legislation. Speech of Hon. William E. Mason upon the Evils Arising from Adulterations in Food, their Extent, and the Legislation Necessary to Prevent the Use in Food of Alum, Sulphuric Acid, Copper Salts, Zinc, and other Poisonous Substances, in the Senate, Wednesday, May 2, 1900.

The Development of Chemical Synthesis. By J. W. Wainwright, M.D., New York City.

Two Cases of Protracted Erysipelas. By Augustus A. Eshner, M.D.

The Municipal Control of Prostitution in the United States. Some Opinions as to Methods Adapted to Municipal Care and Control of Prostitution and Venereal Diseases. By Isadore Dyer, Ph.B., M.D.

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A Consideration of the Various Forms of Non-malignant Ulceration of the Rectum. By Lewis H. Adler, Jr., M.D., Philadelphia.

Multiple Sarcomata in a Child. By Frederick A. Packard, M.D., Philadelphia.

Dietary Studies of Negroes in Eastern Virginia in 1897 and 1898. By H. B. Frissell, D.D., and Isabel Bevier.

Acute Inflammation of the Middle Ear Complicating Scarlet Fever and Measles. By Charles H. May, M.D., New York.

The Bubonic Plague. By Walter Wyman, Surgeon-General, Marine-Hospital Service.

A Clinical Study of the Lymphatic Glands in One Hundred Cases of Scarlet Fever. By Jay F. Schamberg, A.B., M.D., Philadelphia, Pa.

The Treatment of Gonorrhœa in the Female. By A. Ravogli, M.D., Cincinnati, Ohio.

A Review of the History and Literature of Appendicitis. By George M. Edebohls, A.M., M.D., New York.

Transactions of the Berks County Medical Society for the Year Ending December 31, 1899.

The Therapeutic Value of Oxygen. By W. L. Conklin, M.D.

Observations and Reflections on Abdominal Surgery. By Prof. A. C. Bernays, St. Louis, Mo., U. S. A.

Preliminary Catalogue of Plants Poisonous to Stock. By V. K. Chesnut, B.S.

Report on Formaldehyde Disinfection in a Vacuum Chamber. By P. A. Surg. E. K. Sprague, U. S. M. H. S.

The Paranoia of Pubescence, or Hebephrenia, with Report of a Case. By H. Brooker Mills, M.D.

Alveolar Catarrh in Children. By J. C. Gittings, M.D., and Charles H. Judson, M.D., Philadelphia.

Influenza. By G. E. Crawford, Ph.D., M.D., Cedar Rapids, Iowa.

How Far Has Specialism Benefited the Ordinary Practice of Medicine? By L. Duncan Bulkley, A.M., M.D., of New York.

Electrolysis in Granular Disease of the Eyelids. By T. D. Myers, M.D., Philadelphia.

Mountain-fever. By E. Stuver, M.D., Fort Collins, Col.

Two Practical Points in Care of the Tubercular. By William Porter, A.M., M.D., St. Louis, Mo.

Diabetes and its Constitutional Treatment. By Elmore S. Pettyjohn, M.D., Alma, Mich.

Studies on Internal Antisepsis. By Edwin Klebs, M.D.

Report of a Case in which Defective Speech Results in Some Interesting Derangements of Cerebral Functions. By G. Hudson Makuen, M.D., Philadelphia.

Fourth Annual Report of the Board of Managers of The Pennsylvania Epileptic Hospital and Colony Farm, for the year ending December 31, 1899. Location: Oakbourne, Chester County, Pa.

Remote Results in Artisan's Palsy. By F. Savary Pearce, M.D., Philadelphia.

Report of the Kensington Hospital for Women (Non-sectarian), from October 10, 1898, to October 9, 1899, Philadelphia.

Gonorrhœa in its Relations to the Male Adnexæ. By E. Wood Ruggles, A.M., M.D., Rochester, N. Y.

Stricture of the Esophagus and Electrolysis By a New Esophageal Electrode. By Charles D. Aaron, M.D., Detroit, Mich.

Twentieth Annual Report of the State Hospital for the Insane, Southeastern District of Pennsylvania, Norristown, Pa., for the year ending September 30, 1899.

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COMMERCIAL NEWS.

THE MEDICAL TREATMENT DURING THE ADOLESCENT PERIOD.

By Edwin Rosenthal, M.D.,
PHILADELPHIA.

The adolescent period in the female may be said to be as critical in results as the menopause, and by reason of the methods of our education may be said to be one of the best-known conditions universally recognized, and, as such, the common property, not only of the profession, but also of the laity. For this reason, it is not an uncommon fact to witness, not only the diagnosis of this condition being made by the "officious meddler," but also treatment. And it is very often, when such treatments have failed, that the patient is brought to the doctor. In such instances great care and discernment must be the weapons of the doctor, for it will be noted that recourse to all the old well-known remedies had been applied before further advice is sought. The commonest symptom that presents itself is the one that refers to the menstruation. And it is in all probability that this disordered condition is the most conspicuous factor that needs correction.

Two classes of cases are most numerous, and may be divided into: (1) that class that has never menstruated, and (2) that class that may have begun, shown a very slight discharge at infrequent intervals,—once in six or nine months,—but which has never grown to an extent at any time that may be termed a normal flow. The history of these cases are very generally of the same character, and may be briefly summarized: Digestive disorders, headaches, languor, flushing, sensations of fullness in the abdomen, disturbed or unnatural sleep, or sleepy conditions during the day-time; often some cutaneous affection,—acne the most common.

In all cases of menstrual disorders in the young the cause must be sought for, and, if found, corrected. This of certainty directs the treatment. In quite a number of instances anatomical causes have shown the reason. In four cases an "impervious hymen" was the cause. In two cases the "uterus" became the receptacle, and contained the result of numerous menstruations, becoming enlarged even above the pubic bones, the cervix being impervious. In several instances there was an entire absence of the uterus and ovaries.

While the most common symptom of disordered menstruation is "anæmia" and also the better-known "chlorosis," or, vulgarly, "green-sickness," its absence need not preclude the use of the most common of all our remedies—iron.

The treatment of such conditions is various, and should divide itself into the causative factor first, and then, after this has been relieved, to the specific symptom. In other words, it will be wrong to attempt by the use of specific remedies the appearance of the menstruation, if the physical condition of the patient is such that should not permit it.

Besides the condition of the blood as a cause of suppressed menstruation, other well-known conditions equally play a prominent part. Even if the patient should suffer from such diseases (tuberculosis, as an example) the presence of a menstrual flow has such an encouraging influence upon the mind of the sufferer that some attempt should be made, and as the method pursued by myself for many years can only be of benefit, such conditions are not contra-indications for its use.

Iron is the chief remedy in menstrual disorders, and may be given at all times: before, after, and during the flow. A certain time in the life of the patient should be set apart for active and specific treatment. The time chosen should be when the symptoms are most aggravated. The days, one, two, or three, should be set apart, and our treatment should always culminate at this period. If we fail at the one, then we

(Continued on Advertising Page 18.)

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Mix with water, boil, add milk and administer.

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should begin again, and pursue our treatment until the second period, when the specific method should again be applied, and so on. Even if failure should mar the first, second, or even the fifth period, the menstruation will appear, if the treatment be applied in a rational way.

Between the periods I always order the use of iron in three or four daily doses. I have used all forms and varieties, from the tincture of the chloride, which is so often objected to, to the different kinds the pharmacopœia presents, in pill form, as the Blaud pill, simple or modified. My experience brings me back to Gude's pepto-mangan. Gude's pepto-mangan is now the most common in use, and there are so very many similar preparations in the apothecaries that care should be exercised in obtaining the genuine. I have a simple way of distinction. I always order Gude's pepto-mangan given with milk. If the mixture is clean, uncoagulated, and palatable, then I know my patient has received what I ordered. For a further distinction, I invariably place on my prescription the name "Gude." My reasons are these: So very many so-called similar products are on the market that are inferior, and in a measure do not act in a manner you wish, clinically as well as physically. For my own defense, as I have been so frequently disappointed, I detect the fraud of substitution by mixing with liquids, especially milk; the "Gude" preparation always gives the palatable mixture.

I order of this preparation a teaspoonful in a wineglassful of milk every three or four hours, depending upon the patient's condition. If she be very anæmic, and with this very nervous, I place her upon the milk diet, and by the addition of Gude's pepto-mangan I reach my object, giving the food as well as the medicine. I increase the dose up to a tablespoonful, three or four times daily. This treatment is kept up, and even continued through each period, until the purpose is obtained: perfect health, as regards not only the menstrual flow, but also the general physical condition.

Medical treatment is never sufficient in these class of cases, and failure is apt to result if no attention be given to other conditions; the very common class, the school-girl who desires to reach the head of her class, or who studies for a prize or the like. Take the following case:—

Case I.—E. L., aged 17 years; large in growth, over 5 feet 8 inches, reddish hair. Complains of constipation and headache. Has acne on each cheek. Has occasional backache, and has an occasional attack of "nervousness," crying, etc. Her menstruation is scant, very irregular, and when it does appear, not more than one day, or probably one-half the next. Appetite erratic. Her main food was the "supper-dinner," when she was "too tired or too long hungered" to eat. Once or twice I was called to quiet an hysterical attack. In this case the pimples were the bane of the young lady's life, and, while she was not anæmic in any sense, I placed her upon the (Gude's) pepto-mangan, telling my patient this medicine was for the pimples, and that I left the further treatment in her hands. This with purgative pills of aloin with nux vomica was the whole treatment. Persistent use of the iron was the only medicine used, and, while the schooling was persisted in, she passed through the period, and eventually recovered.

The second case is one that is too frequently met with, the child of the poor, who is sent too early to the "mill" or "store," and who has never been taught the commonest rules of hygiene; the girl who spends her time in work, and whose only outing, a dance or picnic, is equally as hard work.

Case II. — Aged 14 years. Attended school until 12 years old, and then became a cash-girl in a department-store. Rather large for her age. Flabby built, and of a distinct pallor. Complains of obstinate headache, relieved by the so-called "bro-

(Continued on Advertising Page 20.)

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The established value of Terpin Hydrate as an expectorant and alterative in the same class of diseases in which Heroin has been employed, especially chronic bronchitis, asthma, and emphysema, has induced us to offer the eligible combination of these drugs above indicated.

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moes"; indigestion, languor, sleepy during day-time, and at night a sleep that was heavy, unnatural, and disturbed by dreams; at intervals flushing with sensations of chilliness. Menstruation scanty, probably a half of one day, and very light in color. In this case work was a necessity, and even proper food could not be obtained. However, milk was the easiest and cheapest food, and from one to two quarts daily was the constant supply. To this food I added a teaspoonful of the Gude's pepto-mangan at each glassful, once every three hours, increasing until a tablespoonful dose was attained. This, with a purgative pill (the compound rhubarb pill of the pharmacopœia), was the treatment persisted in for over eight months, with complete recovery. In this case the treatment was begun in the fall of the year, persisted in through the winter months, and during the following summer months a vacation of but two weeks was obtained, and the patient sent to the sea-shore by one of our charitable institutions. This patient was convinced of the utility of this method of treatment, as I found the following winter the same course was followed with a gratifying result, preventing any loss of time by reason of illness or otherwise.

I have also met with cases that the menstrual period came on correctly at a certain age, and continued so for a year or two, when, for some unknown reason, there was total suppression. There was no history of tubercular disease, nor could I obtain any certain cause. In one case marriage was undertaken as a hope for cure. This patient, aged 18 years, came to me with the following history:—

Case III.—Mrs. B.; began menstruation at the age of 13 years; regular intervals until 15 years, when the flow became scanty and scantier until only a half-day, and then entirely disappeared. She had not seen a flow for two years. Examination revealed the uterus two inches in length, somewhat anteflexed. The ovaries on each side could be felt, the size of an almond; the tubes could also be felt. This patient had been under the care of many physicians, and had had several operations, even a laparotomy, for the abdominal scar was visible. Nothing had been removed, she assured me, and the examination showed this also. Dilatation of the uterus had been performed, as well as curettement, for what I was not informed. She had also undergone electrical treatment. I treated this patient constantly for six months before a flow of blood was in evidence. My sole treatment was the internal use of the pepto-mangan (Gude's) in tablespoonful doses in milk, and the use of a stem pessary for a period of nine months. After this time an examination revealed the uterus two and one-half inches in length, larger in size. The tubes could be felt, and the ovaries on either side somewhat larger. Monthly flows have now been the rule for the last three months. This patient is still under treatment, and, while the iron is still persisted in, the result of the treatment is uncertain. I am firmly persuaded that many cases can be benefited by a correct application of our remedies, and when applied for a certain purpose.

This last patient appeared hopeless, and at the start I had little hope myself that much could be looked for. It appeared as a case of early menopause. I have seen such cases, with atrophy of the organs. Here, however, this was stopped, and I have still hope of seeing further improvement.

I have seen such good results in the use of Gude's pepto-mangan in septic diseases that I have applied it fearlessly in other conditions. None give better promise than those conditions that are coupled with the menstrual flow, especially when seen at the adolescent period.—Medical Fortnightly.

Leucorrhœa and Anteversion.

D. T. Hudgens, M.D., Elizabeth, Ark., says: "I have used S. H. Kennedy's extract of pinus Canadensis in leucorrhœa with

(Continued on Advertising Page 22.)

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very good results. I have had under my treatment Mrs. S., aged 33 years, for leucorrhœa, with anteversion of the uterus. I used the white extract *per vaginam* as a local treatment for the leucorrhœa, and the treatment was attended with success. I am satisfied that pinus Canadensis should occupy a prominent position in our materia medica."

The Role of Petroleum in Therapeutics, and why it is Prescribed.[1]

Petroleum has of late become a most popular remedy; it is a comparatively new drug, and not much information has been forthcoming respecting its therapeutic action. That which has been available has been somewhat confused and misleading. I may be able to throw some light on the subject by the brief remarks which follow.

The name, oil of petroleum, may convey the idea to the average medical reader that it is a fluid fat having all the characteristics of a fat and behaving like one when swallowed and subjected to digestive action, and the most likely fat for it to be confounded with is the well-known codliver-oil. This error may be accentuated by the fact that both substances are to be found in the form of emulsion, about the same strength, and it is frequently stated that petroleum is a substitute for codliver-oil. If we examine the chemical and physical characters of these two substances, we ought not to again confound them. Codliver-oil is a true fat, consisting chiefly of olein, containing an active principle termed morrhuol, and traces of I. Br., with phosphates, etc. It behaves like a fat when digested, being emulsified, partly saponified, absorbed to be assimilated, and enters into the body-metabolism, the great objection to its use being that, while undergoing digestion, the fatty acids are set free and cause the usual eructations; also its smell produces nausea. It is not a good vehicle, as it soon becomes rancid. Furthermore it offers concentrated nourishment for bacteria, and therefore serves as a culture-medium for the growth and multiplication of micro-organisms, thus producing gastric and intestinal fermentation and autointoxication from absorption of toxins from the intestinal tract. Petroleum, the absolutely pure residue after complete purification of the crude substance, is a fluid hydrocarbon, not a fat or oil, the formula C. Hn. representing a type of the series. It is devoid of chemical substances or salts in solution, cannot be digested nor assimilated, nor can it enter the body-metabolism. It is unchangeable, organisms will not grow in it, and it does not become rancid. Therein lies its superiority as a vehicle over perhaps any other substance used for this purpose. That it is capable of producing great clinical benefit cannot be denied. I now proceed to point out how it acts.

Besides acting as an ideal vehicle, petroleum rivals belladonna in its numerous applications and therapeutic actions. It has been largely recorded of it that it increases weight; relieves dyspepsia, flatulence, and constipation without aperients; diminishes cough, catarrh of the mucous membranes of the respiratory, intestinal, and genito-urinary tracts.

In some experiments I made with Angier's petroleum emulsion upon digestion and absorption I satisfied myself of the following effects: I found that certain proportions of the emulsion rendered peptones and fats (chyle) more miscible and diffusible, and that a quicker and more complete absorption of the weight-giving nutrients took place in a given time under its influence. This effect was enhanced by solution of thick impure mucus covering the wall of the bowel, while increased peristaltic action favored digestion, and also presented constantly new and fresh portions of the finished products of digestion and absorption, while, as additional action,

[1] Synopsis of research experiments made by G. Burbidge White, M.D., Diplomate State Medicine, University of Dublin; F.R.C.S.I., etc.

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THE

MEDICAL BULLETIN

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Clinical Lectures.

A CLINICAL LECTURE ON THREE CASES OF MALARIAL FEVER: TWO OF THE TERTIAN AND ONE OF THE QUOTIDIAN TYPE.[1]

BY J. M. ANDERS, M.D., PH.D., LL.D.,

Professor of Medicine and Clinical Medicine in the Medico-Chirurgical College.

GENTLEMEN: I desire to show you this morning two cases of malarial intermittent fever. Before doing so, however, I should like to call your attention to the history of a third case which we recently treated in the Medico-Chirurgical Hospital:—

CASE I.—E. M. H., aged 22, huckster by occupation; parents both deceased; father died of tuberculosis at 72, cause of mother's death unknown. Patient had the usual diseases of childhood, and pneumonia two years ago, with complete recovery. His case began with pains in the head, back, and limbs, coupled with marked languor. These symptoms, after lasting for a few days, were followed by a chill, fever, and sweating. A few days later he again had chill, fever, and sweating. At the time of admission into the hospital the spleen was markedly enlarged; the bowels, however, were regular; and the urinary examination negative, while the blood-examination gave a positive result. Before the blood-examination had been made malaria was suspected because of the brief febrile condition, preceded by a chill, and followed by profuse sweating. It was suspected, too, because of the strict periodicity of this characteristic grouping of features: forty-eight hours apart. The spleen, as already stated, was enlarged, and another point of extreme diagnostic importance is the fact that the patient felt well between the attacks. The blood was examined during the last paroxysm, and the malarial parasite discovered within the corpuscle, and slightly motile.

I desire to say a few words in regard to the manner of infection. It was formerly thought that the parasite was transmitted through the air; again it was thought that the parasite was swallowed with the drinking-water. The modern theory is that infection occurs by inoculation, and the poison is deposited in the skin of susceptible individuals by the mosquito, of the genus *Anopheles quadrimaculata.* It is interesting to note that the malarial organism runs a cycle of development in the mosquito. The mosquito feeds upon infected individuals and obtains from them the paludal organism: the hæmotozoön of Laveran. In the stomach of the mosquito the parasite develops into sporocytes, which finally lodge in the salivary apparatus of the insect, and, when it bites an individual, inoculation may take place. There follows a period of incubation, usually about a day.

[1] Reported by Harry Lowenburg, M.D.

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The patient in question has been working at Darby Creek, where there were many mosquitoes, and later on he lived on the banks of the Schuylkill River, and while living there he was seized with the malarial paroxysms which I have described. As this was the tertian type of intermittent fever, the paroxysms occurring every forty-eight hours, it must have been the tertian parasite that infected the patient. This tertian parasite begins as a small hyaline plasmodium body, enters the red blood-corpuscle, feeds upon it (finally destroying its host), and transforms the hæmoglobin into hæmatin, which is made obvious by brownish pigment-granules that accumulate on its interior; and, when nearly matured, the pigment collects centrally, the plasmodium assumes a spherical form, and peripherally is seen the hyaline plasmodium, which subdivides by segmentation into fifteen to twenty spores. These spores, then, are liberated about forty-eight hours after the organism enters the red blood-cell. As soon as free in the blood-stream they re-enter the red corpuscles, and begin a new cycle of development, unless their existence is cut short by proper medicinal treatment.

The treatment was symptomatic and specific. Quinine was administered in daily doses of 20 grains, and this soon controlled the course of the disease.

Case II.—*History.*—German by birth, 35 years old, baker by occupation; his father died at 63 of heart disease; his mother is living and in good health; he had the usual childish affections, after which he enjoyed good health until the beginning of the present attack. The patient now resides in New Jersey in a locality where there are many swamps, and in August last began to complain of fever, and pain in the head and back.

We failed to find the organism of Laveran in this case, and yet we felt justified in making an almost-certain diagnosis of malarial intermittent fever. In the first paroxysm the patient simply complained of chilly sensations, which were followed by a rise of temperature to 104° F., but no sweating. Two days later he had another attack, in which there were chilly sensations, followed by fever, pulse bounding and frequent, although diaphoresis was again absent. Two days later the symptoms were repeated, the chill, however, being more severe and the temperature rising to 104 $^{3}/_{5}$° F. There was no sweating observed. During the last paroxysm (September 23d) the patient had a chill and high fever, which ended in free sweating. A blood-examination was now made, but it gave a negative result.

In this case we had paroxysms of fever that recurred regularly, and this rigid periodicity is more characteristic of malaria than the presence of the febrile paroxysms. The first paroxysms were accompanied by slight chills and marked fever, without sweating. Finally, however, the patient had a typical malarial paroxysm. The patient shivered and his teeth chattered; the pulse was frequent and of high tension. The fever lasted three or four hours; at the same time the patient felt most uncomfortable. With the onset of the sweating stage the fever rapidly declined. The temperature after a malarial paroxysm falls to a subnormal point. The tertian parasite, as before stated, is responsible for attacks occurring at the end of every second day. When a paroxysm occurs every day we call it a quotidian fever. If we have the paroxysm recur at the end of every third day, we call it a quartan form. In this case, although we did not find the malarial parasite, we found decided splenic enlargement, which, if associated with certain other features, is very characteristic. After each paroxysm the spleen has become a little more enlarged and at last painful to palpation. At the end of the fourth paroxysm, in the case before us, I observed marked enlargement of the spleen, and there was pain on deep breathing. This patient had also another characteristic symptom, namely:

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herpes on the lips. Failure to find the malarial parasite when, as in this case, a single blood-examination is made does not exclude malaria. Again, it is fair to assume that this case would have been considered one of typical malaria prior to the discovery of the specific cause of the disease.

Please to remember that there are intermittent fevers which are not malaria. Among these conditions is pyæmia. In pyæmia, however, the paroxysms are not so regular. In the next place, while we have the same chill, fever, and sweating, there is marked prostration, and numerous symptoms of grave character persist during the intervals between the febrile paroxysms. Again, a blood-examination in pyæmia reveals leucocytosis, which was found to be absent in this case.

Another condition apt to be mistaken for malaria is that of chills and fever presented in cases of incipient tuberculosis of the lungs. In such cases we must search diligently for the physical signs. Again, the anamnesis should serve to put the physician upon the right track. The place of residence will also act as a guide. Thus, if the patient should reside in a paludal district, a blood-examination should be made without delay. If, however, this prove negative in its results, and the history coupled with the physical signs are inconclusive, then an x-ray examination should be undertaken or the tuberculin test applied. The importance of keeping in mind the condition known as the chloranæmia of phthisis cannot be too strongly emphasized. It is characterized by disturbances of digestion, by slight fever and a chlorotic type of anæmia, and often constitutes a precursor of phthisis.

Another disease in which we have daily febrile paroxysms is ulcerative endocarditis. The blood-examination in this disease will, however, show leucocytosis.

The treatment was, as in the former case, by quinine, to which careful nursing was superadded.

CASE III.—John G., aged 22, German by birth; occupation, laborer; father died at 64, mother living and well, one sister also living and in good health. Patient had small-pox ten years ago, this being the only disease during the period of childhood. On September 28th the patient had a chill (the second one of the present attack), and following the chill he became flushed, fever set in, followed in a few hours by sweating, the whole paroxysm having run its course in about eight hours. On September 29th the same condition developed, occurring about one hour earlier than on the preceding day. On September 30th similar symptoms recurred, and on October 1st the patient came to the hospital. On October 3d the condition did not develop with equal intensity. Please remember that quotidian malaria, of which this case is an example, is due to infection by the tertian parasite on two different days. This man's spleen extends two fingers' breadths below the costal margin. A blood-examination in this case revealed a small hyaline plasmodium in the red corpuscles. The diagnosis, therefore, is completely established, and this being the case, the sovereign remedy, quinine, will be administered at once.

REMOVAL OF A CARCINOMATOUS BREAST.[1]

BY WILLIAM L. RODMAN, A.M., M.D.,
Professor of Principles of Surgery and Clinical Surgery in the Medico-Chirurgical College, Philadelphia.

GENTLEMEN: The first case I bring before you to-day is one of malignant disease of the mammary gland in a young woman less than 25 years of age. She was operated upon in this clinic one year ago, and there is a recurrence in the sternal end of the breast. To-day we will do a more complete operation than was done at that time,

[1] A clinical lecture delivered by Prof. William L. Rodman, in the amphitheatre of the Medico-Chirurgical College, December 19, 1900.

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removing not only the infected gland, but also the pectoral muscles. There seems to be no involvement of the axilla now, but we will explore it carefully, at any rate, and see if there has been lymphatic involvement. It will not be necessary for me to say anything about the prognosis and treatment of breast cases at present, as it was gone into very thoroughly two weeks ago. I would like to say just a few words, however. In the first place, this woman is a mulatto. Malignant disease in the negro was formerly thought to be very rare, but a careful investigation made in 1898, when I was preparing my address as Chairman of the Surgical Section of the American Medical Association, convinced me that, instead of being infrequent, it is more frequent in the uterus and mammary glands of negroes than in the white. It is particularly so in the mulatto. They inherit the weaknesses of both races, and the strength of neither. One other point of great interest in this woman is the fact that she is less than 25 years old. It is very rare for breast cancer to occur under 25. Another prognostic point: if you see a cancer in a young person, it is going to run a more destructive course than if seen in an older person. So, if a woman 60 years old comes to you with a scirrhus of the mammary gland, you will give a better prognosis than you will in the case of a young, vigorous woman, as we have here.

I am going to do Warren's operation today, removing the entire infected area. There is a tendency here to disseminated carcinoma, or carcinosis, of the skin.

I am compelled to modify my incision somewhat. I begin on the arm, just above the anterior edge, and come along the insertion of the pectoralis major muscle.

Another incision is started at a point near the junction of the sixth rib with the sternum, and continued around to the first incision, curving outward as far as the anterior axillary line. I find here what I expected, an adhesion to the muscle, which makes it all the more necessary that the great pectoral should be sacrificed.

The case we operated upon two weeks ago has left the hospital, the wound having united *per primam.*

You see we have to cut a little more slowly because of the cicatricial tissue we are cutting through. You know cicatricial tissue contracts, and the blood-vessels may have been thrown out of their usual situation. You see I am cutting now right down to the ribs, removing the sternal portion of the pectoralis major. We will now reflect the muscle, gland and all, over to the humeral insertion, being very careful, because of this cicatricial tissue. If you recognize a large vein, clasp on both sides and cut between the two hæmostats. Here is a mass of cicatricial tissue that we will have to remove. I think I will have to remove the pectoralis minor muscle also, or at least cut it and reflect it back on both sides, and afterward unite it with chromicized catgut. It gives one a better command of the blood-vessels and enables one to clean out the axilla more thoroughly and more safely. It is well that I have done this, as I come down upon a mass of little shot-like bodies underneath the insertion of the pectoralis minor.

We now have all the arteries, veins, and nerves exposed. Here is a step of the operation where you often have trouble; you may tear the axillary vein. The old method was to clear out the axilla in the dark, and then it was more common to tear the veins. Now, I am dealing here with cicatricial tissue, and am going very carefully. You see the artery pulsating, you see the veins, and you see the nerves. Here is the axillary vein; there a large branch that I will avoid, and here some small branches that I will tie. Here is the subscapular branch that I will tie very carefully. Here is the intercosto-humeral nerve, or the nerve that gives pain in angina. Here is the respiratory nerve of Bell, and we will therefore leave it. We would not mind sacrificing the inter-

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costo-humeral nerve or even the nerve of Bell if necessary. Sometimes you cut one of these little branches as it comes off from the vein, and it causes you much trouble, as it leaves no pedicle to tie, and you have to tie the main vein. We have worked down here upon a large mass which must come out. Here I have the median nerve where it crosses the vessel.

There is no use in saving the pectoralis minor muscle, and I will remove it entirely. I am now removing all the axillary fat, as it is about as dangerous as lymphatic glands, and I like to get rid of it. As you see, vessels and nerves stand out plainly, and it is easy to identify the different structures. Mohrenheim's space, just below the clavicle, should always be carefully explored and its fat and glands removed. The most tedious part of the operation is nearly over now.

We cannot go quite as fast in this case as with the one we operated two weeks ago, as there is so much cicatricial tissue here. The axilla is perfectly clean now. You would think the mortality in this operation would be greater than it is: 2 per cent. There is every chance for sepsis if you are not careful. These cases generally heal by first intention, however.

I shall be compelled to cover this wound in by the new method I mentioned to you two weeks ago. This is one of the—if not the—most extensive cases I have ever seen. And such large wounds are usually covered by skin-grafting. It is a tedious process, however, and to-day we will cover the wound by a newer and quicker method devised by my friend Professor Warren, of Boston. From the lower side of the wound a second incision is made resembling an inverted letter Y. This, you see, loosens up the skin and enables me to bring up two large skin-flaps which will cover in the wound.

Gentlemen, you may think this is a very bold and extensive operation, but you must remember that we are battling for a human life, and, unless you get beyond the proliferation of cancerous tissue, you do no good, and it is best not to operate at all.

Now I will insert a drainage-tube, and I will sew it to the skin so that it cannot slip out, on the one hand, or in, on the other.

Now, gentlemen, after all this extensive wound I have made, I expect to get union by first intention. I have not failed to get it but once in five years, that I recall. I have had four of these operations in the last two months, and all have left the hospital in from ten to eleven days after the operation. I did an operation very much like this on a woman 66 years old, and she left on the twelfth day, making a long journey to reach her home.

I now bring these flaps together, and, as you see, they do not quite cover the wound at its upper angle. It is easy to bring flaps from above in the same way as from below. If I can do this, it is infinitely better than skin-grafting. We make the inverted-Y incision above, extending well on to the sound mammary gland. This makes it easy for me to cover the entire wound. Warren has not advised the second incision as here practiced, but it is necessary in so extensive a case. I have never seen a larger wound, and yet it is covered without grafting.

In the case of the old lady I just mentioned I had to bring down the flaps from such a distance and put the tissues on such a stretch that I was fearful that the flaps would slough; but they did not, and she made a rapid and uneventful recovery.

You see we have very vascular tissues here to deal with. I now bring the flaps together with interrupted catgut sutures, and will also put in two deep relaxation sutures of silk, so that there may be as little tension as possible in the wound and upon the graft. As you see, the edges of the wound are easily approximated, although the incision extends from beyond the middle line of the sternum well down to the insertion of the deltoid on the arm; also downward and backward over the scapula.

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(NOTE: The wound united by first intention and the patient left the hospital on the eleventh day, in spite of a pretty severe ether bronchitis.)

ULCERS OF THE CORNEA; IMPLANTATION OF A GOLD BALL AND CATARACT OPERATIONS.[1]

BY L. WEBSTER FOX, A.M., M.D.,
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DIDACTIC.

THIS form of disease is one of the commonest met with in our out-patient department; yet, notwithstanding this fact, too much significance cannot be attached to it or too careful attention paid to its treatment.

Ulcers of the cornea indicate a loss of substance of the cornea due to breaking down of the epithelium or the cornea propria and to formation of pus. Frequently this trouble is produced by the lack of proper nutritious food, aggravated in many instances by non-hygienic surroundings. In the infant it is the consequence of deficient nutrition, particularly where artificial food must be resorted to to sustain life.

This trouble first shows itself by diarrhœa in such cases; the face becomes pale and emaciated, and the cornea, without being necessarily red or swollen, becomes hazy, and an ulcer makes its appearance. If the general condition of the patient improves, the ulcer may disappear. It is always well first to ascertain the remote cause of the lesion other than the condition of the ulcer in regard to its extent, depth, and location.

It will be well first to classify corneal ulcers, as follows: Simple, traumatic, and complicated.

The simple ulcers present a small grayish spot, some lacrymation, and the greatest intolerance of light. In these cases the general health must be looked after and the patient placed on a nourishing diet, which will build up the general system. The progressive character of the marginal ulcer shows itself by the yellow color of its edges. The cornea is at first dull, then the gray color becomes yellow. In developing, the ulcer may cause perforation of the cornea, followed by prolapse of the iris, or it makes one large perforation of the cornea from which the crystalline lens issues and a part of the vitreous body, followed by atrophy of the eyeball.

As soon as haziness of the cornea is found to exist, I instill eserine at once and locally apply unguentum oxidi flavi, gr. $^1/_8$ to ℥j; to this may be added a mydriatic, my preference being daturine, gr. $^1/_4$ to ℥j. Internally give codliver-oil, hypophosphites, or Fowler's solution.

In private practice ulcers of the cornea are not so frequent; sometimes they are found among students, the result, usually, of improper refraction and overstimulation of the eye.

Ulcers of the cornea are frequently the sequelæ of scarlet fever, measles, diphtheria, and small-pox: due to the lowered vitality of the general system and uveal infiltration. In diphtheria the conjunctiva becomes injected and secretes a fluid soon forming a yellow deposit, extending and adhering to the cornea. Upon the improvement of the disease the ulcer is, in most cases, seen to disappear.

The serpiginous or infectious ulcer has a curved or wavy margin, a grayish base, showing a tendency to extend itself over the surface of the cornea; then hypopyon is almost always present as one of the complications, leading to perforation. In this class of ulcers it is well to direct attention to the lacrymal passages, especially where the ulcer is spontaneous and not due to traumatism, the bacteria in the nasal duct

[1] Abstract of a clinical lecture delivered to the students of the Medico-Chirurgical College, Philadelphia, Pa.

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having a very infectious influence on the cornea.

It is well to wash out the conjunctival sac with an antiseptic solution; this, with proper treatment to the ulcer, will lessen the virulency. The termination of the disease depends largely upon the early treatment; if properly attended to in its first development good results may be quickly had.

Traumatic ulcers should be treated antiseptically; they become, as a rule, infected with the foreign body causing traumatism. It is well to irrigate the eye with a solution of boric acid. Atropine drops may be instilled and the eye bandaged with a pad.

Frequently a scratch from a finger-nail or foreign bodies of many kinds produces ulcers (traumatic). When these accidents occur, treatment should immediately be given the eye. The extent of the injury to the vision is due to the location: if located on the margin, the sight will not be interfered with; the more nearly it reaches the centre, the more disastrous will be its effect on the vision.

Sloughing ulcers are best treated with eserine, gr. ss to ℥j. By using this strength irritation will be avoided. Then hot applications should be made to alleviate the acute pains. Some claim that eserine should be avoided in treating ulcers of the cornea and only atropine used, but each case must be a law unto itself and both drugs applied, alternating as symptoms indicate.

Trichloracetic acid, 20-per-cent. solution, applied to the ulcer, is most beneficial; when it is first applied to the ulcer it turns the cornea white, like coagulated albumin, and the pain is very severe for a few minutes. However, in twenty-four hours the cornea will assume a healthy appearance, and the ulcer will have become clearer and all evidence of pus, if any is present, will disappear with greater rapidity than under any other treatment that I know.

A patient recently came under my care who had punctured the cornea with an ordinary table-fork; an infected wound was the result. Thirty-six hours after the injury the case came under my care. The corneal puncture was distinctly outlined by a circle of infiltration; pus was present in the layers of the cornea, and also marked hypopyon; iris was contracted, and apparently infiltrated; and iritis had started. The case was a desperate one, and I predicted loss of the eye. The treatment was as heroic as subsequent results were surprising. My friend, Dr. Coover, of Denver, had related to me the powerful effect of trichloracetic acid on infected ulcers of the cornea. I determined to prove its efficacy in this almost hopeless case. I instilled a 5-per-cent. solution of cocaine first to mitigate the pain of the acid, and after waiting a few minutes I touched the puncture with a 50-per-cent. solution of the trichloracetic acid. The condition of the cornea startled me after using this solution: the spot and its vicinity turned as white as a boiled egg. I then instilled atropine, bandaged the eye, and kept the pad saturated with a special lotion, containing boric acid, hydrargyrum bichloride, and camphor. At the end of twenty-four hours I examined the patient, expecting to find the eye lost, not from the application of the acid, but from the infection. To my great surprise when I opened the eyelids the cornea was clear, the zone of pus-infiltration had materially lessened, and there was a marked decrease of the hypopyon. Meeting with so much encouragement, I made another application, and noted results again at the end of twenty-four hours. The same solution of the trichloracetic acid was made in all three applications, the pus entirely disappearing and the iris clearing up, thus saving the eyeball and retaining useful vision.

I have frequently used this line of treatment in similar cases during the last three years, and I now feel justified in confirming

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the good reports given it by Dr. Coover, of Denver.

OPERATIONS.

We will now proceed to the clinical cases which have presented themselves during the week for operation.

CASE I.—This man was shot while out rabbit-hunting several days ago, the shot penetrating the ciliary bodies through the danger-zone of the right eye. To prevent sympathetic ophthalmia, which might follow, we must perform an enucleation. There has been a probe passed into the eye, which seems to have infected the eyeball: the activity of the inflammation proves this.

We will remove the eyeball and implant a gold ball to fill up the orbital cavity for a better resting-place for the artificial eye. The ordinary operation for the removal of the eyeball will be followed. Grasp the conjunctiva and with the scissors cut around the corneo-scleral margin; then sever the muscles and remove the eyeball. Our effort will be to save as much of the conjunctiva as possible, as well as the deeper tissues. I now hold up the removed eyeball; you can see where the shot entered, but you see no point of exit. Dr. Kassabian made a sciagraph of this case, showing where the shot entered the right cheek and penetrated into the eye and lodged there; upon opening it, we find the shot, which I show you. Now that the hæmorrhage has ceased, we will insert this gold ball, No. 2 in size. The conjunctiva is brought together horizontally by needle and thread. You notice, in following me, that I have resorted to the "stay sutures"; this is to keep the pressure off the middle of the conjunctival wound: the weakest point, and where the ball will find its exit when the operation is not a success. We will now irrigate the eye with the bichloride solution, 1 to 2000, and then dust the socket with bismuth formic iodide. Both eyes are bandaged and let alone forty-eight hours.

CASE II.—While in an intoxicated condition this man was shot in the eye, the shot carrying with it a piece of glass from his spectacles. A sciagraph shows the shot as well as the piece of glass in the eyeball. He is now sober, but will not consent to an operation; I have advised that of an enucleation.

CASE III.—This colored woman, who is from Delaware, is 85 years old. She has been blind about four years. You can readily see that the trouble is from double cataract: that is, both eyes are affected. Both eyes have been tested, and good projection of light found. Cocaine was instilled into the eye about five minutes ago. There is unusual hæmorrhage from the iris in this case, but it will be absorbed in the next forty-eight hours and it will not interfere with the restoration of vision. The eye will be irrigated with the boric lotion and followed up by the bichloride solution, 1 to 2000; then bandaged with sterilized vaselin and the usual eye-pads and metal shield.

CASE IV.—Male, aged 60, has cataract of the right eye, which we will remove after Snellen's method. Twenty-four hours after the operation these cataract cases are dressed again and new bandages applied. At the end of four days the non-operative or fellow-eye is uncovered until evidence of resolution is taking place.

CASE V.—Male, aged 55. Cataract of the left eye. In this case we will perform the simple operation (without an iridectomy). The eye, after being carefully prepared for the operation, is held by a grasp of the conjunctiva with the fixation forceps at the scleral margin of the cornea down and opposite the point of puncture, which last is to be one or two millimetres from the upper and outer quadrant and three millimetres below the horizontal line, passing through the corneo-scleral puncture. The blade (Critchett's knife) is directed toward the tip of the patient's nose and enters parallel with the iris. It is

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pushed forward until the point of the knife has reached the centre of the anterior chamber, then the blade is pointed directly opposite to the point of puncture. Now the blade is pushed on through the tissues till the end of the knife is at the lips of the puncture. The knife is then turned backward, so that it shall come out behind the cornea at its upper margin, taking with it a conjunctival flap. Do not allow the hand to become rigid, or you will have serrated edges produced by the sawing motion of the hand. The Jaeger cystotome is now used, the point of which is inserted into the anterior chamber, posterior to the iris, and hooked into the capsule, the lens being rotated about its anterior-posterior axis and thus torn from its attachment. The capsule is ruptured after the hook is brought to the surface of the wound, and the instrument is drawn along the edges of the primal incision. By this means the posterior capsule is torn or the lens is delivered with the capsule, doing away with the secondary operation.

REVIEWING AN IMPLANTATION CASE.

CASE VI.—This is the man upon whom I performed an enucleation one week ago to-day. Immediately after the enucleation a gold ball was inserted. On the fourth day the stitches were removed and it has healed by first intention, and no reaction has been observed. As I before stated, in taking out the eyeball, you leave a depression in the orbital tissues, and the gold ball is used to fill up this space. The artificial eye is simply a shell, and is adjusted to the convexity of the now covered gold ball. There is a certain amount of fat in the orbit, and this ball is pressed down into it. When the wound has healed the ball takes the place of the eyeball, and makes a good anchorage for the artificial eye. By the implantation operation an artificial eye is adjusted over a globe of glass or metal; I prefer gold, it being less likely to break than that of the glass ball, and silver stains the tissues. In the case of a severe blow the glass ball may break, though I do not think there is much danger; yet, if it does, an inflammation will be started and it will possibly lead to serious results. One advantage this operation has over a Mules is that it may be tried again if the first attempt is a failure. Before the technique of the implantation was perfected 33 per cent. of the cases were failures because the stitches were left in the tissues over eight to ten days, causing suppuration and a breaking down and stitch abscesses forming. The secret is not to leave the stitches in too long. I now remove them on the fourth day. This patient has good movement, and when he becomes accustomed to the artificial eye it will feel comfortable, and he will almost forget that he is wearing one.

Original Communication.

SOME ANÆMIC CONDITIONS.

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IN the following I desire briefly to describe a few anæmic cases which have recently come under my observation, and in which I employed a method of treatment which seems to me of particular value.

Anæmia is a concomitant of many diseases and is produced by a variety of causes. Aside from cases in which it follows severe hæmorrhages of traumatic character, it may result from any factor which tends to depreciate the condition of the blood. It is a regular complication of acute and chronic exhausting diseases, as the infectious fevers, phthisis, and other chronic affections of the lungs and bronchi, gastro-intestinal disorders of long duration, malaria, syphilis, drug habituation, lead poisoning, etc. There is also a frequent class of patients in whom anæmia is simply due to an unhygienic way of living, improper or

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insufficient food, and lack of pure air and sunshine. In women anæmia also accompanies various affections of the genito-urinary tract.

In the treatment of anæmia, however induced, it is of paramount importance to remove as far as possible the exciting cause, as otherwise no permanent cure can be obtained. It is my custom to make a microscopical examination of the blood as an aid to the diagnosis in every case in which I think the patient is suffering from impoverishment of the blood, especially if one or more of the above conditions is present, associated with the physical signs of the anæmic state, such as a wan face, nearly colorless lips, absence of the normal pink color of the finger-nails, and pale conjunctiva. It must be remembered, however, that some persons are always pale even though the blood is normal, this being attributable to some hereditary peculiarity.

Without entering into further details of the anæmic state I present several illustrative cases:—

Case I.—Mrs. E. E., aged 24, married six months, consulted me first three months ago. She had been ailing for six weeks; her menses were irregular; and she was troubled with indigestion, a bad taste in the mouth, flatulence, and constipation. Starchy foods disagreed with her; her complexion was pasty. A blood-count revealed red corpuscles about 3,000,000 to the cubic centimetre; hæmoglobin, 50 per cent. I considered her illness due to excesses and indigestion, and also to malnutrition, as she often went without her meals. She had, however, not lost more than ten pounds in weight in two months. I prescribed ferro-somatose, 20 grains, in hot milk, and also a caroid tablet after each meal. At the end of two weeks she had greatly improved, having strictly adhered to instructions during that time. The red corpuscles had increased to 3,600,000, and the hæmoglobin to 60 per cent. In two weeks she had nearly regained her health, and the red blood-cells were so nearly normal in number that I reduced the dose of ferro-somatose to 20 grains twice daily, instructing her, however, still to avoid the use of starchy foods.

Case II. — Mrs. C., 60 years of age, mother of two children. Family history good; has had digestive disturbances all her life, and also has a malarial taint. She first came under observation six weeks ago, complaining of peculiar creepy chills, without any distinct rigor. She had a fever of 103.5° F.; pulse was 125, with the respiration normal. Pain was present in the right hypochondriac region; abdomen flatulent; spleen enlarged, and the liver slightly increased in size. There was no headache, but constipation and pain in the back. The urine contained traces of albumin, while uric acid was present in large amounts. The chills were of irregular occurrence. Jaundice was pronounced. Under appropriate treatment all these symptoms disappeared, but she recovered strength very slowly, being more prostrated and emaciated than a fortnight's illness would seem to warrant. Ferro-somatose was therefore given as in the former case, and in two weeks she was greatly improved, and feeling and looking so well that I discontinued my visits. No blood-count was made in this case, but the microscopical examination revealed the presence of the malarial organisms.

Case III.—Mrs. A. M., aged 54, has had six children, all her deliveries except the last being unattended with difficulty. The family history was negative. In September, 1900, she was delivered of a dead child as the result of a placenta prævia. She had a profuse hæmorrhage, which was checked by hypodermics of ergotine and uterine injections of hot weak solutions of acetic acid, as well as the application of ice to the abdomen. In addition, subcutaneous injections of normal saline solution were made. She rallied very slowly, the hæmorrhage, as well as grief, combining to delay her recovery.

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After employing many reconstructives and hæmotinics with poor results I commenced the administration of ferro-somatose one month after her confinement. At that time the blood-count showed 2,250,000 red corpuscles to the cubic centimetre. In as short a time as two weeks, however, they had increased to 2,700,000; in three weeks to 3,000,000; in six weeks to 3,865,000; and after a lapse of two months to nearly 4,000,000. The patient also steadily gained in health and weight, and at the present date is as well as anyone could wish to be.

I have further derived some success from the use of ferro-somatose in Addison's disease, in which it was given combined with desiccated suprarenal capsule. Although the patient is not cured in the strict sense of the word, yet his condition has been materially improved.

Although the real value of a ferruginous preparation can only be determined by careful tests in clinical practice, the composition of ferro-somatose would lead one to expect results not attainable from other chalybeates. As is well known, somatose represents the albuminous elements of meat converted into hetero- and deutero- albumoses. According to physiology, the albumoses constitute a form of albumin which is easily absorbed and appropriated by the system, requiring no preliminary digestion. For this reason the chemical combination of iron with the albumoses is a most advantageous one, since it insures a rapid absorption and assimilation of the ferruginous element. Moreover, somatose in itself has been shown to be an excellent tonic and nutrient. Prof. W. Gilman Thompson, in his well-known text-book on "Practical Dietetics," refers to it as a food well tolerated by an irritable stomach and which is speedily absorbed. Hence ferro-somatose covers an ideal field of utility not possessed by other iron preparations, since it not only supplies the organism with the necessary iron, but also with a supply of concentrated nutritive.

The dose of ferro-somatose in my practice has ranged from 40 to 160 grains a day in adults, but I have never found it necessary to give more than 20 grains, four times daily, in any case in order to obtain the desired results. The preparation does not seem to constipate, but, on the contrary, is slightly laxative: an important advantage in the use of an iron preparation. It is readily taken and almost tasteless, does not irritate the gastro-intestinal tract, and has a stimulating effect upon the appetite. In cases under my observation it not only effected a speedy improvement in the condition of the blood, but also promoted an increase in bodily weight.

As to the method of administration, it is important that ferro-somatose should always be given in solution. I generally instruct the patients to place it on the surface of the fluid in which it is to be taken, allowing it to dissolve without stirring. It can be taken in water, milk, soups, or gruels, avoiding, of course, fluids with which iron is incompatible.

In conclusion I would say, on the ground of my experience, that ferro-somatose is the ideal ferruginous tonic, and that I can get more rapid and better results from its administration than from any other iron preparation with which I am acquainted.

Abstracts.

Dilatation of the Heart in Acute Rheumatism.

At a meeting of the Medical Society of the Hospitals M. Pierre Teissier stated that he had observed two cases of acute dilatation of the heart, involving especially the right ventricle, in the course of acute polyarticular rheumatism without endopericarditis. The *bruit de galop* developed suddenly, the area of cardiac dullness was increased, there was an accentuation of the second pulmonary sound and a mesosys-

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tolic murmur at the apex. These signs disappeared at the end of fifteen days.

M. Barié spoke of having witnessed two similar cases. In one case the patient died and endocarditis was found. The second recovered without having presented a sign of endocarditis.—Le Progrès Médical.

Lesions of the Skin in Addison's Disease.

At a meeting of the Society of Physicians of Vienna, Dr. Ehrmann said that he had found in the skin of patients suffering from Addison's disease normal pigment-cells (melanoblasts) in the derma and epiderm, especially around the vessels. Furthermore, the skin was infiltrated by round or polygonal cells, produced by degeneration of leucocytes. Physiologically, the cutaneous pigment originates in the derma, whence it finally penetrates the elements in which it is contained and which have the same origin as the cells of the connective tissue, without, however, being identical. Ehrmann has witnessed the same changes in some infections or intoxications, as syphilis and arsenical melanodermia, as well as in individuals who had received injections of carbolic acid or tuberculin.

According to the investigations of the speaker, the cutaneous pigment is not under the influence of the nervous system, which only acts upon the melanoblasts of the lower animals. The multiplication of pigment-cells takes place in response to the most varied irritants. The opinion which attributes the pigmentation of Addison's disease to hæmorrhages is shown to be erroneous, for the stain resulting from hæmorrhages consists of hæmosiderin, while that of Addison's disease is melanin, which contains no iron. This pigment originates *in situ*, and is the result of cellular life. Melanoblasts do not occur in the palm of the hand or upon the hairy scalp. On the contrary, pigment-cells are numerous in the hair-follicles. This fact explains why the victims of Addison's disease have white hands, but deeply-colored hairs.—La Tribune Médicale.

Pain in the Great Toes during Convalescence from Typhoid Fever.

According to M. Guny, there may appear in convalescence from fevers, particularly typhoid fever, a delayed symptom in the form of very painful cramps, neuralgia, or neuralgiform manifestations, with or without a sensation of numbness, and located especially in the great toes.

The pains are generally bilateral. They may gradually increase in extent and intensity, or, on the contrary, may attain at once their maximum intensity and then diminish.

They would seem to be due to nervous influence, which affects the termination of the nerves directly, or may be simply a distant evidence of a spinal inflammation. They may also occur through the participation of the vessels of the limb and the development of a partial arteritis. Although as regards pain the prognosis is not serious, it should, nevertheless, receive attention, for the symptom may be the prelude of very grave complications, such as acute myelitis or arterial thrombosis.—La Revue Médicale.

Phlegmonous Gastritis.

At a meeting of the Medical Society of Hamburg, Dr. Simmonds reported the case of a woman, 76 years of age, long under observation in the hospital for bronchitis with emphysema, who was suddenly attacked by high fever and abdominal pain, and died at the end of twenty-four hours.

At the autopsy emphysema was recognized, with chronic bronchitis and bronchial dilatations containing pus, in which innumerable streptococci and pneumococci were present. The spleen was enlarged, the liver, kidneys, and heart exhibited degenerative lesions. The wall of the stomach in the pyloric region was considerably

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swollen, and measured nearly a centimetre (about a third of an inch) in thickness. This swelling was due to an infiltration of the submucous layer by a sero-purulent liquid. The mucous membrane itself was pale and free from lesions. The microscope showed that streptococci had penetrated the interstices of the muscular coat and reached the serous membrane. They were found also in the lumen of the small vessels, in the blood of the femoral vein, and in the pus of the bronchi, where pneumococci were likewise present.

The pathogenesis of phlegmonous gastritis may be explained, in this case, in two ways: Either the gastric mucous membrane had been infected by swallowed sputum containing streptococci or the suppuration was metastatic, analogous to cerebral abscess, which has also been noticed in bronchiectases.—La Tribune Médicale.

Influence of Gonorrhœa upon the Nervous System.

According to Eulenburg, nervous affections of gonorrhœal origin may be divided into three groups: (1) neuralgia; (2) muscular atrophy; (3) neuritis and myelitis.

Out of 9 cases of neuralgia of gonorrhœal origin observed by Eulenburg, nerves derived from the sacral plexus were involved in 8 cases. Six were sciatic neuritis or perineuritis; 2 were tibial neuritis, 1 of which assumed the form of achillodynia; in the ninth case the neuralgia was localized in the radial and median nerves. In 4 cases the neuralgia was bilateral.

All the patients were men, aged from twenty to thirty-eight years, and nearly all presented at the same time double epididymitis, prostatitis, or even gonorrhœal cystitis. In nearly all virulent gonococci were still present in the urethral secretion.

In the 4 cases of muscular atrophy observed by Eulenburg it was muscles in the neighborhood of joints that were affected, and this occurred in the course of or after recovery from gonorrhœal arthritis. These four were cases of chronic or relapsing gonorrhœa. In 2 cases, however, gonococci still virulent were found in the urine. In 1 case atrophy involved the muscles of the shoulder in the type of juvenile muscular atrophy.

In the case of myelitis witnessed by the writer the symptoms of polyneuritis and myelitis were manifested two years after infection by gonorrhœa. The patient had girdle pains, with debility of the lower limbs and atrophy of the corresponding muscles. The patellar reflexes were absent.

The etiological diagnosis is very difficult in all cases. In order to determine the cause it is necessary to take into consideration the presence of gonococci in the urethral discharge or the existence of a gonococcic urethritis more or less acute. In other cases the micro-organisms have disappeared, but the urethritis persists, or there may be a simple urethritis or metastases of gonorrhœa in the form of epididymitis, prostatitis, arthritis, or cystitis.

The clinical symptoms present certain peculiarities which may furnish a clue to the diagnosis. In the neuralgia, which generally occurs as sciatica, the other lumbo-sacral nerves, especially the genital nerves, and sometimes those of the upper limbs, are often attacked. Sometimes neurasthenia or sexual neurasthenia co-exists. In the muscular atrophy the process confines itself to the structures surrounding the joints most often implicated, as the knee and shoulder. The atrophy also remains circumscribed and presents itself under the form of periarticular myositis. It conveys the impression of an ascending neuritis with ulterior invasion of the anterior horns (anterior poliomyelitis). Finally, in myelitis of gonorrhœal origin, there is a false air of sclerosis of the posterior columns, with which the other symptoms referable to the muscles and nerves do not agree.

The prognosis, particularly of the neu-

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ralgia, is not extremely bad. Hydrotherapy, gymnastics, potassium iodide, or iodipin are the measures which succeed in the treatment of this class of cases.—La Tribune Médicale.

The Influence of Menstruation on the Functions of the Stomach.

Dr. Elsner has endeavored to decide this question by examining the stomach-contents of 14 women during and after menstruation. In 5 of these cases the acidity of the gastric juice remained normal during the monthly period. In 5 others there was manifest hyperacidity, but very variable as regards duration. For instance, in 2 women this reaction persisted during the entire period, while in 1 it disappeared on the second day and in 2 others it followed the oscillations of the menstrual flow. In 1 case the increase of hydrochloric acid was insignificant, and in the last 3 observations the percentage fell below normal.

These variations seem to indicate that all the cases are not susceptible to the same explanation. It is necessary, in the first place, to eliminate cases of abundant menorrhagia, where the diminished glandular secretion only relieves the general anæmia of the subject. In the course of a normal menstruation, however, the loss of blood is insufficient to explain the disturbance of the gastric secretion. We are therefore obliged, according to the writer, to infer the agency of an influence analogous to that which is conceived as producing gastric hæmorrhage during the catamenia in certain women who suffer from disease of the stomach. In this theory the congestion of the genital organs is accompanied by an irritation of the nervous routes of the parts, and this irritation determines a reflex hyperæmia of the mucous membrane of the stomach. The intensity of the irritation being proportional to that of the congestion, it is natural that it should manifest itself by a greater or less abundance of the menstrual flow or of the catamenial hæmorrhage from the mucous membrane of the stomach.

From the practical point of view it results from these considerations that, if the motility of the stomach, which is independent of menstruation, may be studied even during that period, the case is entirely different with the gastric secretion, which undergoes appreciable modifications at this epoch.—La Tribune Médicale.

Laryngeal Complications of Cutaneous Sarcomatosis.

Professor Massëi, of Naples, has reported five cases of multiple hæmorrhagic sarcomata of the skin with co-existence of tumors of the same nature in the larynx.

Of the first two cases only clinical memoranda are given. In the first there was diffuse infiltration of the larynx, and in the second there were nodules in the subglottic region.

The other cases, which, like the preceding, related to adults between forty and seventy years of age, were corroborated by histological examination. Care was taken, in fact, to examine the laryngeal growths under the microscope as well as the cutaneous nodules, and thus obtain certain proof of the identity of the nature of the lesions.

A summary of the author's conclusions is as follows:—

There is a relation between multiple hæmorrhagic sarcomata of the skin and those of the larynx. This relationship is proved clinically and by the microscope. It would be found more frequently than is supposed if it were customary to examine the skin systematically in all cases of tumors of the larynx, and to examine the larynx systematically in all cases of sarcoma of the skin. Laryngeal lesions, indeed, may be very slightly accentuated.

The endolaryngeal complications of cutaneous sarcomatosis may assume two forms: one of infiltration and one of actual tumors more or less voluminous.

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They appear ordinarily at an advanced stage of the cutaneous disease. The tumors occupy by preference the posterior portion of the larynx, contrary to what occurs in primary sarcoma, which usually develops upon the anterior third of the vocal cords. They give rise to purely mechanical troubles. General manifestations have never yet been witnessed.

Their progress is slow, benign, sometimes even retrogressive: characters which should encourage their removal, as far as possible, by the natural passages. The laryngeal sarcoma which accompanies that of the skin should, therefore, be regarded as an attenuated form, which is to typical sarcoma as lupus is to tuberculosis.

The inoculation of the laryngeal tumors in rabbits produced no results. — Revue Hebdomadaire de Laryngologie, etc.

Syphilis of the Face with Exophthalmos.

At a meeting of the Society of Dermatology and Syphilology M. du Castel reported the case of a girl, 19 years of age, in whose parents no sign of disease was noted and whose early childhood was free from disease, who was severely hurt in the nose by a bone crochet-needle. Three months later there appeared above the ala of the nose on the right side a small red papule. Some blood and pus escaped from the nose. Many ointments were employed without benefit, and the lesion continued to enlarge. At the age of 11 years the diagnosis of cyst was made, it was operated upon, and the surface cauterized with silver nitrate.

After this intervention the lesion extended in the form of a red and incrusted patch, which invaded the entire right half of the nose, extending thence to the right cheek, the space between the eyebrows, the upper lip, and the left side of the nose. An opening formed over the left malar bone, from which escaped blood mixed with pus. The nose progressively sank, and small pieces of bone were from time to time expelled, and there was a flow of fœtid pus.

The teeth began to fall when she was about the age of fifteen. The incisors, which were unaltered, both canines, and the premolars of the right side successively fell. The last to be lost were the canine and the left premolar, which had fallen two months previously. Their fall was soon followed by the discharge of a bony sequestrum from the same locality. From the age of fourteen the breath had been extremely offensive.

The general condition was quite well preserved. At the date of report there was a large lesion upon the face, cicatricial in some places, incrusted in others, limited above the middle frontal region by a red, incrusted, and circinate border. The nose was flattened. Upon the right side the lesion extended to the malar region, the inner surface of the left cheek, and the upper lip. The inner surface of the lower lip was involved. The left malar region was somewhat flattened and there was exophthalmos of the right eye.

Examination of the mouth showed a notable alteration of the gum of the upper jaw. It was cicatrized and deprived of most of the teeth. Upon the left side were one premolar and two molars, and upon the right was one molar tooth. The right inferior turbinated bone was carious, and constituted a loose sequestrum. The septum was intact.

Considerable improvement had resulted from the hypodermic injection of calomel. The peripheral inflammatory zone faded, the crusts fell, and the insupportable fœtor of the breath was appreciably diminished.— Recueil d'Ophtalmologie.

Portrait of Professor William Pepper.— A portrait of the late Dr. William Pepper has been presented to the American Philosophical Society. The presentation speech was made by Dr. Horace Howard Furness on behalf of the donors.

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Therapeutic Notes.

Pleasant Method of Administering Turpentine.

℞ Ol. terebinthinæ, f3iij.
Pulv. acaciæ,
Sacchari, of each, 3iv.
Spir. lavandulæ comp., f3iij.
Aq., q. s. ad f℥vj.

Ft. mist. sec. artem.

Sig.: One to two teaspoonfuls in a little water every three hours.—Chicago Clinic.

Atrophic Rhinitis.

"A spray which is used a good deal in the Nose and Throat Clinic of the Chicago Clinical School, and which proved to be very efficient in my hands, is the following:—

"℞ Acid. carbolic., gr. xx.
Aristol, gr. xl.
Ol. picis,
Ol. cubeb., of each, 3j.
Ol. pini pumil., 3is.
Camphor.,
Menthol., of each, gr. xxx.
Thymol., gr. x.
Ol. eucalyp., *m*x.
Albolene, ad ℥iv."

—A. J. Wenzel, in Chicago Clinic.

The Treatment of Enteritis with Xeroform.

Dr. Giovanni Petrucci, of the University Clinic of Parma, has treated about forty cases, mostly of acute catarrhal enteritis, with xeroform alone. The dosage was 0.35 to 0.5 gramme (5 1/4 to 7 1/2 grains) in wafers to adults, and 0.1 to 0.25 gramme (1 1/2 to 3 3/4 grains) in gum emulsion for children, at about three-hourly intervals. The remedy was always well borne. Pulse, respiration, and urine remained normal; the fæces became dark brown. Xeroform, attacking the cause of the diarrhœa, rapidly relieves its symptoms, meteorism, colic, etc., so that special remedies for that purpose are unnecessary. In acute cases, where its bactericidal action is more especially marked, it acts more rapidly than in chronic ones. In the chronic forms the infective symptoms are much less marked, and the slower astringent effects of the remedy upon the inflamed mucosa are evident.

Dr. Petrucci concludes that xeroform is a most excellent remedy for the diarrhœa of acute enteritis; that it is a therapeutic agent which answers all the clinical requirements of an astringent and disinfectant; that it acts upon the intestinal canal alone; and that it is very well borne and has no harmful by-effects.

External and Internal Employment of Argentamin.

Dr. Bergel, of Inowrazlaw, says: "I have used argentamin for over two years, both externally and internally, in numerous cases, and I have found that it not only almost always is an efficient substitute for the nitrate of silver, but in many cases superior to it. I have treated inflammations of the conjunctiva, pharynx, stomach, intestines, urethra, bladder, and vagina with solutions of various strengths. In gonorrhœa the dosage was a varying one in accordance with the symptoms and stage of the disease. I started on the basis of a 10-per-cent. argentamin, corresponding to a 1-per-cent. silver-nitrate solution. For anterior injections I found 1-400 to 1-200 solutions most suitable. In the more chronic cases, especially in posterior urethritis, stronger solutions were employed. For urethral irrigation, and in gonorrhœal cystitis, after the termination of the acute symptoms, solutions of 1-1000 to 1-500 in distilled water were commonly employed. The results were excellent and sometimes brilliant. The method did excellent service

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in several cases of prostatic disease with chronic vesical catarrh. Argentamin was employed with good results in a few cases of gonorrhœal vaginitis and cervicitis.

"In the ophthalmological field I employed argentamin in all the suppurative conjunctival diseases in the form of 1- to 2-per-cent. instillations three to four times daily, or as a brush application once or twice a day in 5- to 7-per-cent. solution. In the great majority of cases I was well pleased with its action. I administered it in suppurative conjunctival catarrhs, acute follicular catarrhs, acute trachoma, chronic suppurative trachoma, and blennorrhœa neonatorum.

"The internal employment of argentamin soon demonstrated to my satisfaction that there were no unpleasant by-effects connected with this use of the drug. The first case in which I used it *per os* was that of a phthisical colleague who suffered from attacks of diarrhœa, which neither astringents nor opium, nor combinations of the two, could relieve for any length of time. I administered a $^1/_2$-per-cent. watery solution with a little glycerin, giving a tablespoonful every two or three hours. The result was visibly and extremely satisfactory. I soon had chances to convince myself of the therapeutic efficacy of the drug in other cases in adults, especially in the gastro-intestinal affections of childhood. I employed argentamin in enterocolitis after the first severe symptoms passed away; in intestinal catarrh, in enteritis, in phthisical diarrhœa, and as an injection in catarrh of the large intestine. A teaspoonful to a tablespoonful was administered every two or three hours of a $^1/_2$- to 1-per-cent. solution, either plain or with glycerin."

Irregular Menstruation.

Writing of *Senecio aureus* in the Wisconsin Medical Recorder, Dr. E. C. Rothrock, of Tennessee Colony, Texas, says that in irregular menstruation, with erratic pain, and scanty flow and sometimes leucorrhœa, he gives this:—

℞ Fld. ext. senecio aureus, ℥iij.
Fld. ext. cimicifuga racemosa, ℥ij.
Fld. ext. pulsatilla, ℥ss.
Simple syrup, ℥ij.

M. Sig.: A teaspoonful every three hours.

Fatty Heart.

A formula credited to A. Robin by Merck's Archives is:—

℞ Sodium arsenate, $^1/_{64}$ gr.
Potassium iodide, $^3/_4$ gr.
Powd. nux vomica, $^1/_8$ gr.
Powd. rhubarb, $^3/_4$ gr.
Ext. dulcamara, 1 $^1/_2$ grs.

Make into one pill. Take one such daily.

Anorexia.

Professor Robin has been advocating of late a new drug in the treatment of anorexia. This drug is the pure solution of persulphate of sodium, also called persodine. This would seem to be, according to Professor Robin, one of the best aperients known in ordinary forms of anorexia, as well as in consumption. The drug is given as follows:—

℞ Persulphate of sodium, 2 grammes (30 grains).
Water, 300 grammes (10 ounces).

A soupspoonful a half-hour before lunch and dinner.

After six days the appetite is awakened. If no result is obtained during this period it is useless to persevere, but after some rest persodine can be tried again.

Another drug recommended by Professor Robin is metavanadate of sodium, to be used for the same purpose, and which produces sometimes better results than persodine.

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℞ Metavanadate of sodium, 0.03 centigramme ($^1/_2$ grain).
Water, 150 grammes (5 ounces).

Each teaspoonful contains a milligramme. A teaspoonful is given half an hour before lunch and dinner. The use of this drug should only be continued four days, and then a rest should be taken. This treatment cannot be recommended in cases of cancer of the stomach, but it has succeeded with tuberculous patients.—Paris Letter to Therapeutic Gazette.

Bleeding and Tender Gums.

℞ Gelatin, ℥ss.
Sodii chloridi, gr. viij.
Acidi carbol., gr. ij.
Eucainæ B hydrochlor., gr. viij.
Cocainæ hydrochlor., gr. ij.
Aq. destil., ℥iiiss.

M. Sig.: Use as a mouth-wash once or twice daily.—Journal of the American Medical Association.

Ascites.

Dr. Arthur H. Bigg, of Detroit, recommends in the Medical Record:—

℞ Elaterin, gr. $^1/_{15}$.
Strych. sulph., gr. $^1/_{40}$.
Glonoin, gr. $^1/_{200}$.
Ext. digitalis (Lyon's scales), gr. $^1/_4$.
Caffeinæ citrat., gr. j.
Pulv. caryophylli, gr. j.

M. For one capsule.

Sig.: Give one capsule every three to six hours.

Mercury in Syphilis.

Brocq has published an article in which he shows how he habitually employs mercury in the treatment of syphilis. It has become a common practice to use subcutaneous injections of mercurial compounds, whether they be insoluble, like calomel, or soluble, like biniodide or benzoate or other compounds. The administration by means of pills or draughts has almost completely fallen into disfavor, and yet, according to Dr. Brocq, there are certain advantages attached to this method.

To examine the defects offered by the latter, one should admit that pills do not always dissolve readily, that their action is therefore uncertain, and that, moreover, they may exert a pernicious influence on the mucous membrane of the intestine. Dr. Brocq is a staunch believer in the principle, which most French physicians adhere to: that it is always infinitely better to give drugs in a liquid form, as one is much more sure of their producing their entire effect. Of course, given at one dose any soluble salt of mercury may cause colic; so Dr. Brocq has made it a practice with a great many of his patients to give the quantity administered daily in small doses, about four to six doses being given. The advantages offered by this mode of treatment are that the dose given is accurately gauged, the patient is not obliged to visit the physician to submit to the injections, and he does not run any risk of having abscesses or pains caused by the injection. Dr. Brocq has found that giving mercury in small doses four to six times daily proves to be much more efficacious, and it is only when he was treating certain forms of psoriasiform syphilides of the hands and feet that he has experienced failure. In such cases the best procedure is to use immediately injections of calomel. Van Swieten's solution is the preparation used by Dr. Brocq, and he recommends taking it in milk. In case of colic paregoric would be the best preparation to relieve the pain. Some two thousand patients have been treated in this manner at the Broca Hospital during the last three years and a half, and with the best results.—Paris Correspondence of Medical Record.

Santonin in the Fulgurant Pains of Tabes.

C. Negro writes that the specific action of santonin on the eye—xanthopsia—suggested to him that santonin might have a specific action on the general sensibility,

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and temporarily modify the function of the nervous system. He therefore administered it in a severe case of fulgurant pains in tabes, rebellious to other measures. The pains diminished three hours after the first dose and subsided completely two hours after the second, and did not reappear for twelve or thirteen days. The same experience followed its use again, but this time the pains did not reappear for sixteen days. The results were equally satisfactory in 8 out of 11 other patients to whom he administered the santonin, in doses of 10 centigrammes followed by 5 centigrammes five hours later. Two were only transiently benefited and one did not take the full amount. He did not venture to repeat this treatment more than four or five times in the course of two or three months. He is now testing it in neuralgia.—Journal of the American Medical Association.

Chronic Articular Rheumatism.

℞ Liq. potassii arsenitis, ʒj.
Potassii iodidi, ʒiv.
Sodii salicylatis, ʒv.
Syrupi sarsap. compos., ℥iss.
Aq. menthæ pip., q. s. ad ℥iv.

M. Sig.: One teaspoonful in half-glass of water after each meal. Or:—

℞ Potassii iodidi, ʒij.
Vini colchici sem.,
Tinct. opii camph., of each, ℥j.
Tinct. stramonii, ʒiij.
Tinct. cimicifugæ, q. s. ad ℥iv.

M. Sig.: One teaspoonful three times a day in water.—Journal of the American Medical Association.

Ether Narcosis.

W. Reinhard refers a large portion of the post-operative pulmonary troubles, pneumonia, bronchitis, etc., to the often enormous secretion of mucus and saliva produced by the anæsthetic. By the routine use of small doses of atropine, which may advantageously be combined with morphine, given hypodermically three-fourths of an hour to an hour before the anæsthesia is begun, these difficulties may very largely be obviated and the danger of cardiac or respiratory failure also be much diminished.—Medical Record.

Vicarious Absorption of Oxygen in Pulmonary Obstruction.

In broncho-pneumonia in children, and double pneumonia in adults, Dr. P. E. Doolittle has given with advantage hydrogen dioxide for the purpose of supplying oxygen to the blood.

The first case in which he tried the dioxide was an infant, 3 months old, suffering with broncho-pneumonia. A teaspoonful of hydrogen peroxide (diluted with 4 volumes of water) every five minutes was ordered, and this was continued for several hours. The breathing gradually became easier, the cyanosis gave place to redness, and the child recovered. The second case was a man of 42 who had a severe attack of double pneumonia. Hydrogen peroxide was administered freely by mouth and by rectum. The disease lasted six or seven days and terminated by lysis, but the respirations never exceeded 30 per minute. Patient made a complete recovery.—Merck's Archives.

Lebanon County (Pa.) Medical Society.—At the meeting of the Lebanon County Medical Society recently the following officers were elected: President, Dr. John Light, of Schaefferstown; vice-presidents, Dr. W. R. Roedel, of Lebanon, and Dr. H. W. Gass, of Mt. Ætna; secretary, Dr. C. M. Strickler, of Lebanon, re-elected; treasurer, Dr. C. L. Miller, of Lebanon; censor, Dr. H. H. Roedel, of Lebanon; and medical and surgical reporter, Dr. S. P. Heilman, of Heilmandale.

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THE
Medical Bulletin.

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THE OCULAR COMPLICATIONS OF MUMPS.

In the April number of our highly-esteemed contemporary, Recueil d'Ophtalmologie, Dr. Sendral continues his essay concerning the influence of mumps upon the organ of vision. In this communication he speaks first of dacryoadenitis. Although a comparatively uncommon affection, it has been encountered as a complication of several infectious disorders, and, among the rest, of mumps. Several writers had spoken of such an occurrence, and these were collected by Leriche in his thesis of 1893 upon dacryoadenitis due to mumps. Hirschberg witnessed two cases of inflammation of the lacrymal gland during an epidemic of parotitis, but without any sign of the latter disease. Dr. Sendral has himself observed one case of acute dacryoadenitis occurring in the beginning of an attack of mumps. Subsequently to the involvement of the lacrymal gland the mammæ and ovaries were implicated. The patient was a girl, 11 years of age, of a decidedly lymphatic aspect, but of previous good health. She was suddenly seized by general lassitude and pains in the muscles, especially of the arms. The next morning her eyelids were swollen and strongly adherent. By the second day the swelling had increased, and on the third she was brought to the Clinic of Professor Galezowski. At first it was thought that the child was suffering from leucorrhœal or gonorrhœal conjunctivitis. The eyelids were œdematous cushions, the upper of which overlapped the lower. There was injection, but no suppuration of the conjunctiva. At the external angle was a hard and slightly-painful swelling. The diagnosis was then made of acute primary dacryoadenitis of indeterminate nature. Two days later—*i.e.*, on the fifth day of the attack—undoubted signs of mumps made their appearance. On the sixth day the breasts became swollen and tender, and there was pain over the ovaries. By this time the swelling of the eyelids began to abate, and on the tenth day the girl was well, the infiltration of the lacrymal gland having subsided by resolution.

The points in the diagnosis of dacryoadenitis from mumps are given as follow: (1) the bilateral involvement; (2) the infiltration of the lids, most pronounced at the outer side; (3) swelling of the gland; (4) the strict localization to the palpebral portion.

In regard to optic neuritis as a complication of mumps our author refers to the observations of Hatry, the case of Talon, that of Blanchard already noted in these columns, and that of M. Dor, also noted in The Medical Bulletin for January of the current year. To the list of cases already known M. Sendral adds one which came under his own observation. This differed from the others only in the rapidity with which the ocular manifestations developed. On the fifth day of an attack of mumps accompanied by severe cerebral symptoms, as headache, vomiting, and syncope, the general condition improved, but the patient experienced difficulty of vision. There was double mydriasis, much diminished visual acuity, and a marked contraction of the field of vision. The patient could with difficulty count his fingers. Examined by the ophthalmoscope, there was discovered papillo-retinitis of both sides, with venous stasis and slight suffusion around the papillæ and along the vessels In response to energetic treatment there was some improvement functionally and

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upon ophthalmoscopic examination. After eliminating all other possible causes it was determined that the optic neuritis had been engendered under the influence of the mumps. In concluding his instructive paper the author states that the ocular complications must be considered the gravest feature of mumps. They are comparatively frequent, and, the more closely we look for them, the oftener they will be found. Although implication of the testicles may compromise the reproductive power, yet involvement of the optic nerve may terminate in blindness. Conjunctivitis is the usual ocular complication of mumps, and is accompanied by an inflammation of the palpebral part of the lacrymal gland, which may escape attention if we do not seek for its presence. The dacryoadenitis may be either primary or secondary. It may also exist as the sole manifestation of the malady, and, for that reason, deserves study. Optic neuritis is the most severe complication of mumps, and may sometimes occur in the beginning of the infectious process. It does not generally supervene until two or three weeks after the mumps, and may follow a trifling case. It may end in white atrophy and blindness. In all cases of mumps accompanied by cerebral symptoms, from simple headache to signs of meningeal irritation, systematic examination of the eyes should be made. Proper treatment may arrest the progress of the ocular disorder.

HÆMATOMA OF THE EAR.

We have been much interested in reading a communication on the above subject by Dr. Joncheray, of Angers, France, for a reprint of which we are indebted to the courtesy of the author.[1] The pathology of the affection is yet but imperfectly recognized, although the lesion was known to Hippocrates, and, in fact, it was represented by the ancient sculptors in their statues of Hercules and Castor and Pollux. In recent times it has been studied by a number of pathologists and clinicians.

The auricle presents the peculiarity of having upon one side a cartilage and ligaments solidly attached to the cranium and on the other vessels so delicate that they vividly reflect the emotions. To "blush to the ears" is a proverbial expression. Four arterial and venous trunks, branches of the posterior auricular and superficial temporal, perforate the cartilage. Only one of these emerges at the centre of the navicular fossa, the place of election of hæmatoma, and upon the other side the structure of the fibrocartilage is not wholly homogeneous. Tatarof and Politzer have specified nodules which lack elastic fibres and which may be the point of departure of those hæmatomata encountered among old men. The fibrocartilage is thicker in the concha than in the antihelix, and the skin is more adherent and resistant; so that the tumor is rarely found in that situation. When it does occur there it is acuminated and of irregular form. Filaments of the great sympathetic abound in the pavilion. Section of that nerve or removal of the superior cervical ganglion produces hyperæmia, with elevation of temperature. Section of the restiform bodies in guinea-pigs and lesions of the fourth ventricle in dogs cause hæmorrhage into the external, middle, and internal ear.

Dr. Joncheray defines hæmatoma as, strictly speaking, an extravasation of blood into the entire auditory apparatus. In this sense, however, it is a theoretical affection or one demonstrated only in the laboratory. Bloody tumors of the auditory canal are infrequent; that portion of the tract is little exposed to violence and poor in vessels. Hæmorrhagic phlyctenulæ of the influenza and other inflammations soon rupture and cicatrize. They are not seen unless espe-

[1] "De l'Othématome en général; cas d'hématome spontané du pavillon, avec cure radicale." Par le Dr. Joncheray (d'Angers). Congrès de Paris, 2-9 Août, 1900. Extrait des Archives de Laryngologie, d'Otologie, et de Rhinologie.

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cially looked for, and are of ephemeral duration.

Ordinarily hæmatoma is an affection of the auricle. It is, indeed, the only disorder to which that part is liable. The extravasation is sometimes between the cartilage and the skin, sometimes between the cartilage and the perichondrium. It is of most common occurrence among the insane, and rare in those of sound mind. It is usually seated upon the external or anterior surface. Sometimes, however, it projects upon the internal surface. Its point of election is the fossette of the antihelix, known also as the scaphoid, or navicular, fossa. Thence it sometimes invades the concha, and may obstruct the meatus.

Hæmatoma of the ear is not often seen outside of insane-asylums. It is more frequent in men than in women. It is rare except between the ages of thirty and sixty. It has, however, been observed in children who had been the victims of brutal treatment. It occurs oftener in the left ear. It is seldom bilateral.

The etiology of hæmatoma of the ear has given rise to controversy. It is certainly most frequent among the insane, degenerate, and neurotic. Some writers ascribe it to blows from the attendants. The mode in which the external ear is attached to the skull protects from the force of a blow. Poirier believes that in many instances the affection is due to lateral decubitus which disturbs the circulation in the auricle. Nevertheless, certain severe and prolonged modes of pressure do not give rise to the lesion. It is generally admitted, however, that trophic agencies are more influential in its production than traumatism. Whatever the direct cause may be, we must always suppose that there is profound disorder of nutrition in the vessels and tissues, and that this disturbance is dependent upon centres situated in the restiform bodies. It is a natural consequence of atheroma of the vessels of the pavilion.

In short, it is necessary in every case to inquire closely into the antecedents as regards mental, nervous, or systemic maladies, traumatism, or any local cause of repeated congestions.

The nature of the cause subdivides the lesion into varieties. Of these our author enumerates three: spontaneous, traumatic, and mixed.

The spontaneous form is that of the insane, especially of paralytic dements. It also occurs in old people who are not insane, for the reason that about the age of fifty the nutrition of the cartilage of the ear is decreased; there may be calcification and tophi. Spontaneous hæmatoma of the ear may develop, as in the author's case, between the age of twenty and thirty without any sign of degeneration. Other writers have met with the lesion in cases where nothing in the history could explain its presence. Scwartze speaks of a case in which first one and subsequently the other ear was spontaneously attacked. The traumatic form is that of the ancient athletes, the pugilists of to-day, foot-ball players, and especially the Japanese wrestler, who injures his opponent with the side of his head. Out of 79 wrestlers assembled at Tokio, 29 were the subjects of this lesion. The Japanese make no account of the lesion, but it is said they have noticed that it never occurs in those whose ears are elastic. A special condition of the tissues is necessary for its production.

The mixed variety is produced by a cooperation of predisposition and injury.

Subjective symptoms are absent or but slightly marked. Pain is not constant, especially in the spontaneous form, except when inflamed. In the traumatic variety pain is more common. There is also a sensation of heat and tension. There are subjective noises and alteration of hearing in the traumatic form when the tumor obstructs the meatus. Objectively, the ear looks as if attacked by erysipelas. The tumor may be as large as a walnut. Spontaneous hæmatomata are the smaller, the

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traumatic lesions the larger and more irregular. In the commencement they fluctuate like a cyst, but soon become more resistant. They contain blood, separated into serum and clots.

The diagnosis of the traumatic form is easy in view of the history. The spontaneous tumor is also to be recognized by the rapidity of its production. It is necessary to distinguish them from cysts, perichondritis, angioma, and other neoplasms. Into the niceties of the differentiation we need not enter.

The tumor is in itself benign, but is a serious disfigurement, and may eventuate in very unsightly deformities.

Dr. Joncheray believes in laying the tumor freely open, evacuating the contents thoroughly, washing out the cavity with hydrogen dioxide followed by Lugol's solution, and applying a compress and bandage for eight or ten days. He employed this method in a case which he cites. The patient was a man, 27 years of age, of excellent general health. Fifteen days previously there had been a sudden effusion of blood into the ear. A puncture had been made, some blood had escaped, but the swelling had recurred. When seen by the author there was a small tumor of a bluish-gray color and sessile. It was of a rounded shape, and gave rise to no pain. The auditory canal was free and the sense of hearing normal. Treated in the manner above outlined, the result was so perfect that six months later nothing could be detected at its former site.

Medical News and Miscellany.

The Pasteur Treatment of Rabies in the Baltimore City Hospital.—From a tabulated report issued by the department for the preventive treatment of rabies by the Pasteur method, with the signature of Dr. N. G. Keirle, Professor of Pathology and Director, we learn that the total number of persons treated was 209, 159 being males and 50 being females. Of this number 70 were children under ten years of age. Eighty-five per cent. of the patients were from rural districts. The wounds were inflicted by dogs in 188 cases, in 13 cases by cats, in 1 by a calf, and in 1 by a pet pig. There was but 1 death from any cause, this being due to rabies. The fatal result was caused by delay in resorting to treatment.

Reunion of Class of 1891 of Jefferson Medical College.—A preliminary call has been issued by Dr. Matthew M. Smith, of Austin, Texas, President of the Class of 1891, proposing a reunion of the class during the coming season, either at Philadelphia or Buffalo, as shall be generally desired, and between June 15th and September 1st.

Funston—the Man from Kansas.—William Allen White will contribute to an early number of the Saturday Evening Post, of Philadelphia, a striking anecdotal article on "Fighting Fred." Funston, the man who captured Aguinaldo. Mr. White will also contribute to early numbers of the magazine an unusually interesting short serial story dealing with Kansas life.

St. Luke's Hospital, of Halifax, England.—We have had the pleasure of reading in the Halifax Evening Courier an account of the interesting ceremonies attending the formal opening of the St. Luke's Hospital, the new Work-house Infirmary which the Halifax Board of Guardians has erected at a cost of nearly half a million of dollars. This fine institution carries out the correct idea that a hospital for the sick poor is an entirely different affair from the almshouse for the pauper population. As our friend Dr. Dolan expressed it in his remarks upon the occasion, "If a man was sick, he had a right to be treated properly and there ought to be none of the work-house taint about his surroundings. The Guardians, recognizing that fact, had removed the hospital entirely away from the work-house."

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The chief speaker of the occasion was Sir J. Crichton Browne, who also gave expression to the same thought, saying: "He would be glad if such an institution as St. Luke's Hospital were designated not a work-house hospital or a Poor Law infirmary, but a State or a municipal hospital."

Psycho-Physical Laboratory. — Dr. Arthur MacDonald, of the United States Bureau of Education, suggests that the following resolution come before the different medical societies of the country:—

RESOLVED: That we are in favor of the establishment of a Psycho-Physical Laboratory in the Department of the Interior at Washington for the practical application of physiological psychology to sociological and abnormal or pathological data, especially as found in institutions for the criminal, pauper, and defective classes and in hospitals, and also as may be observed in schools and other institutions.

Toronto University. — Dr. R. A. Reeve has been reappointed dean of the medical faculty of Toronto University.

Sir William Hingston. — Sir William Hingston, on May 8th, completed the fortieth year of his connection with the Hôtel-Dieu Hospital, Montreal, as consulting physician, and on that occasion was tendered a *déjeuner* by the sisters of the institution.

Dr. John C. Hemmeter. — Dr. John C. Hemmeter's new composition, "Des Sængers Himmelfahrt," for chorus and full orchestra, was produced by the Arion Society at Germania Maennerchor Hall, Baltimore, Md.

Sir William Church. — Sir Wm. Church has been re-elected President of the Royal College of Physicians, England.

Philadelphia Polyclinic.—After a service of many years Dr. Samuel D. Risley has resigned the professorship of diseases of the eye and has been named emeritus professor. He is succeeded by Dr. William Campbell Posey.

At a special meeting of the board of trustees the resignation of Dr. Ralph W. Seiss as Professor of Diseases of the Ear was accepted. Dr. Francis R. Packard is to be his successor. The trustees also elected Dr. B. M. Randolph, of Richmond, Va., as dean of the college and director of the laboratories.

Ladies' Home-Journal. — Some of the many excellent features of the May Ladies' Home-Journal are "The Brilliant Social Reign of Harriet Lane," "When John C. Calhoun Went Awooing," "When the Animals Escape from the Zoo," "Some Remarkable Cases of Double Personality," "My First Colony of Bees," and Clara Morris's "Frank Sen," the romance of a little Japanese girl acrobat. To those arranging for a summer holiday Edward Bok offers some pertinent suggestions, and the methods of "Preserving a Husband in Summer" and "Keeping Summer Boarders with Success" are dogmatically detailed. The admirable pictorial features include a page drawing, "President Lincoln's Call for Volunteers," by W. L. Taylor; "In the Fold," the first prize picture of the twenty-seven thousand photographs submitted in the Journal's recent contest; a page of Miss Gertrude Käsebier's photographs—the first of "The Foremost Women Photographers of America" series—and two pages giving "A Glimpse of Picturesque Canada." There are three architectural articles, and seasonable contributions on gardens, flowers, lawns, cooking, and needle-work. There are also four pages from the Journal's fashion-writers and artists. By the Curtis Publishing Company, Philadelphia. One dollar a year; ten cents a copy.

Medical Association of the District of Columbia.—At the election of the Medical Association of the District of Columbia the following officers were chosen: President, Dr. H. L. E. Johnson; vice-presidents, Dr.

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G. C. Ober and Dr. William H. Fox; secretary, Dr. Monti Griffith; treasurer, Dr. Frank Leech.

German Naturalists and Physicians. — The Association of German Naturalists and Physicians will hold its seventy-third annual meeting at Hamburg from the 22d to the 28th of September.

New Addition to the Rush Medical College.—Work has been begun on a seven-story brick addition to the Rush Medical College, in Chicago. The edifice is expected to be finished for the fall term.

Multiform Erythema with Exudation after Chemical Irritation of Urethra.—J. Heller describes five cases of erythema following chemical irritation of the urethra. In one, a healthy man with remote gonorrhœal antecedents, the irritation was caused by a transient contact with 20-per-cent. solution of creolin. A purulent urethritis followed, with an affection of the joints. A typical erythema with exudation appeared when the urethritis was at its height and paralleled it in its course, vanishing with the cessation of the discharge from the urethra. The chemical irritation probably causes a serous exudation from the mucous membrane. The absorption of this serous fluid then leads to autointoxication in predisposed individuals, and, in the course of twelve to forty-eight hours, to the multiform erythema. This assumption would explain Still's twenty-six cases of enema rash, in which the erythema appeared twelve to forty-eight hours after a soap enema. The soap must have acted as a chemical irritant.—Journal of the American Medical Association.

Pennsylvania Society for the Prevention of Tuberculosis. — At the annual meeting Dr. Guy Hinsdale was elected president, and Dr. Alexander Heron Davisson secretary.

Poisoning with Star-anise.—The fruit of the star-anise, *Illicium anisatum*, although official in the United States as *illicium* and in Great Britain as *anisi stellati fructus*, is, we imagine, little used in either of the great English-speaking countries. On the continent of Europe, however, it seems to be oftener employed, and occasionally its poisonous effects have been observed, as in a case reported by Etienne, of Nancy (cited in the Klinisch-therapeutische Wochenschrift). A woman, forty years old, suffering with flatulence, infused about an ounce of star-anise in a glass of water, allowing the infusion to stand on the stove for twenty-four hours, so that by evaporation it was reduced to a few teaspoonfuls. She drank the whole of it, and in two hours she was attacked with vertigo, severe vomiting, and collapse. She was revived by the use of alcoholics and injections of ether and caffeine, and the next day she was in her usual health.—New York Medical Journal.

Dr. Clarence A. Veasey. — Dr. Clarence A. Veasey has been elected ophthalmic surgeon to the Methodist Episcopal Hospital of Philadelphia.

Philadelphia Pediatric Society. — At a stated meeting, Dr. L. Emmett Holt, of New York, delivered an address, entitled "Some Forms of Indigestion in Infants and Young Children, with Especial Reference to their Dietetic Treatment."

Dr. William B. Ulrich.—Dr. William B. Ulrich has been elected a member of the board of managers of the Chester (Pa.) Hospital.

Dr. Arthur B. Ancker.—Dr. Arthur B. Ancker, of St. Paul, Minn., has been unanimously re-elected physician of St. Paul and of Ramsey County, and superintendent of the City and County Hospital.

Salem County (N. J.) Medical Society.—The Salem County Medical Society has elected the following officers for the ensuing year: President, Dr. E. E. de Grofft; vice-president, Dr. B. A. Waddington; secretary and treasurer, Dr. H. Chavanne; reporter, Dr. W. H. Carpenter; censor, Dr. N. S. Hires.

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Scribner's Magazine.—A new short serial by Kate Douglas Wiggin, to run through three months, is the leading feature of the May Scribner. "The Diary of a Goose-girl" is the story of a beautiful American girl who flees from an attractive, but too persistent, lover to the seclusion of a goose-farm in a quiet English county. John la Farge, the eminent painter, will publish in the next few numbers extracts from his diary of a journey to the islands of the Pacific. This number deals with Hawaii. There will be future papers on Tahiti and Samoa. A young student of social questions, Robert Alston Stevenson, presents a most impartial study of "Saloons" in a great city. Walter A. Wyckoff, the author of "The Workers," also presents a social picture in his article "With Iowa Farmers." This journey through a land of plenty where laborers are scarce is one of the brightest episodes in Mr. Wyckoff's wanderings. It has a good deal of the charm of George Borrow. John Fox, Jr., concludes his presentation of "The Southern Mountaineer." General Christian de Wet is described briefly in this number by one who knew him in the field: Thomas F. Millard, the war-correspondent. A bit of old France, the island of "St. Pierre-Miquelon," under the French flag and at our very doors, is described by James Clarence Hyde.

Auscultation of the Descending Aorta.—Fr. Friedmann describes a phenomenon which he has observed in many cases of arteriosclerosis, and to which he is inclined to attribute great importance. Most of the text-books make no mention of the fact that under otherwise normal conditions the heart-sounds may be heard by careful auscultation over a considerable part of the descending aorta. In healthy persons, especially in those under fifty, these sounds are particularly well defined immediately to the left of the vertebral column, and chiefly at the point where an imaginary line drawn from the spine of the scapula meets the transverse process of the third dorsal vertebra. Normally with advancing age, as between fifty and sixty, this point is situated lower down along the left side of the vertebral column. Now, if in addition there be atheroma of the aorta, and supposing that this atheromatous condition of the artery be well marked, the heart-sounds are audible with great force and clear accentuation along a line which, if drawn transversely from the angle of the scapula, would meet the spinous process of the corresponding vertebra, which is usually the seventh. The author endeavors to explain this phenomenon, first, by the fact that with advancing age the heart sinks lower and more to the left; secondly, in arteriosclerosis, chiefly in its senile form, concomitant changes both in the constituents and the shape of the thoracic walls manifest themselves, which greatly increase their resonating power, thus rendering them exceedingly favorable for the direct transmission of the heart-sounds; thirdly, the fixation of the chest in the expiratory position, accompanied by prolonged and faint expiration; moreover, the vigorous action of the left ventricle as present in cases of this kind, and the simultaneous alteration in the intensity of the second aortic sound are conditions which, if they do not actually cause, greatly favor the production of, the phenomenon. Fourthly, it is more than probable that the existing senile arterial lesions are in themselves capable of increasing the rapidity and intensity with which the sounds are transmitted. Finally, it must be borne in mind that local murmurs may possibly originate in the descending aorta, as they have been observed and described in the carotids in connection with arteriosclerosis. The author concludes with a brief report of 8 cases which had come under his observation; they varied in age from 32 to 83; in 6 of them the phenomenon was constantly present, in some at a comparatively early stage of the malady, and its presence thus greatly contributed toward the recognition of the true nature

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of the affection at a period where the diagnosis of arteriosclerosis would otherwise have been almost impossible. In the other 2 cases, both in patients of a very advanced age, this sign was regularly absent, and in them no traces of actual arterial lesion could be detected.—British Medical Journal.

A Sleep-walker's Wonderful Feat.—"An interesting case of somnambulism is reported by M. Badaire, director of the Normal School at Blois, France. It is accredited by Dr. Dufay and printed in 'The Proceedings of the Society of Psychical Research,'" writes Dr. R. Osgood Mason, in the May Ladies' Home-Journal. "Théophile Janicaud was a pupil at the Normal School, and in the month of July of his second year he commenced to walk in his sleep. On one occasion he got up in the night determined to go fishing. His brother-in-law, M. Simonet, decided to accompany him, but before starting he succeeded in inducing him to alter his plans and go and visit a relative instead. Accordingly this was done, Janicaud remaining fast asleep and undisturbed by the barking dogs or the fatigue of a long walk. Finally he was ready to return, and on the way, coming to a narrow and dangerous path close to the river, his brother-in-law cautioned him to go carefully in the darkness. Janicaud, with some scorn, declared that he could see the better of the two, and to prove it asked Simonet if he could see the match under his foot. Simonet felt under his foot, and sure enough there was the match. It was a dark night, and besides Janicaud was some thirty feet ahead of him and had his night-cap drawn closely over his face."

State Medical Association of South Carolina.—The following officers were elected: President, Dr. T. G. Croft, of Aiken; first vice-president, Dr. C. B. Earle, of Greenville; second vice-president, Dr. W. P. Timmerman, of Edgefield; third vice-president, Dr. J. T. Darwin, of Blacksburg; corresponding secretary, Dr. William Weston, of Columbia; recording secretary, Dr. T. P. Whaley, of Charleston; treasurer, Dr. B. E. Baker, of Charleston.

Cumberland County (N. J.) Medical Society.—The annual meeting of the Cumberland County Medical Society was held in Bridgeton on April 11th, and these officers elected: President, Dr. L. L. Hand; vice-president, Dr. G. E. Day; secretary, Dr. J. C. Appelgate; and treasurer, Dr. Joseph Tomlinson.

American Monthly Review of Reviews.—That monthly mirror of the world's news, the Review of Reviews, covers in its May issue a great variety of current political and industrial topics, including the recent municipal elections, the Cuban and Philippine situations, the relations of labor to the new steel trust, the threatened war between Russia and Japan, and England's enormous war taxation. The character sketch of Edward Everett Hale, contributed by Mr. George P. Morris, is accompanied by portraits made from life-like photographs of Dr. Hale taken expressly for the Review on Dr. Hale's seventy-ninth birthday, April 3, 1901. In the Review of Reviews for May appears an important illustrated article entitled "The Steel Trust on the Great Lakes," by W. F. McClure. This article sets forth the nature of the ore-mining and carrying operations in which it is expected that great economies will be effected by the new combination. The remarkable development of lake transportation in recent years is well described in text and pictures. Two articles deal with the Russo-Japanese situation. Mr. Charles Johnston explains in detail Russia's apparent readiness for war as shown by her state of preparation on the military as well as the naval side. Mr. Samuel E. Moffett, on the other hand, describes Japan's navy, which has made a truly remarkable record of growth since the war with China, seven years ago. A great

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deal has been published, of late, on the career of General Funston, but the subject is approached from an unusual point of view by Prof. James H. Canfield. Dr. Canfield was one of Funston's college teachers in the University of Kansas. He writes appreciatively of the qualities displayed by young Funston in the class-room.

Pseudophosphaturia as the Cause of a Persistent Urethritis. — Alfred Schalek, of Chicago, reported a case that presented a non-specific urethritis, which had persisted for years in spite of all local treatment, and only subsided when the apparent phosphaturia was corrected. During all this time the urine was cloudy, and the urethral discharge was mixed with a white sandy material, which occasionally resulted in the formation of a gritty, mortar-like crust around the urethral orifice. The patient was rather emaciated, had lost 25 pounds in weight, was decidedly neurasthenic, and complained of anorexia, indigestion, frequent micturition, and tenesmus. The normal quantity of alkaline (1.95) and of earthy phosphates (0.31) was passed in twenty-four hours. During the three weeks urotropin was taken the urine became clear, but the previous condition returned when the patient discontinued its use. True phosphaturia or the "essential" phosphaturia of Casper occurs in urine alkaline from fixed alkali not containing pus, mucus, and other inflammatory products. It may be found in general and local neurosis, but also often in cases in which there is no sign of disease. The writer calls his case one of pseudophosphaturia, as no excess of phosphates was present, and still the general symptoms of a true phosphaturia were present.—St. Louis Medical Review.

The Iron Industry.—In the history of nations which have made the greatest and most lasting progress construction rather than destruction has been the gauge of strength. From the earliest times since man obtained the knowledge to use the metals the artificer in metals, and especially in iron, has been the recognized leader among craftsmen. For without his aid all else had been impossible. To the blacksmith has succeeded the iron-master, the builder up of the vast enterprises which to-day furnish the world not only with swords and ploughshares, but finer and more delicate tools, by means of which the great natural forces have been made available. Every step of progress has been heralded by some development in the iron and steel industry. In the International Monthly for May H. F. J. Porter, of the steel works at South Bethlehem, Pa., describes in a most interesting and popular manner the beginnings of the manipulation of iron, the discovery of various improvements. The better part of the past century was devoted to experiment, invention, and development of processes. He alludes to the great changes in operating by which cost has been reduced and manufacturers of some special lines brought to a severe struggle for existence. It is a striking fact, in spite of the improvements brought about in the cost of manufacture, the intimate knowledge of chemical properties, and unbounded opportunity for experimental work, the product to-day is little or not at all superior in quality to that of primitive man. The question arises: Is not the situation preparing itself to adopt some entirely new process of making steel, which, while improving the quality, would cheapen its cost? The International Monthly is published at Burlington, Vt., at $4.00 a year.

Texas Medical Journal. — Dr. Witten Booth Russ has been made Associate Editor of the Texas Medical Journal. Dr. Russ was at one time physician to Girard College, of this city.

Dr. Reuben Peterson. — Dr. Reuben Peterson has been made Bates Professor of Gynæcology and Obstetrics in the University of Michigan, *vice* Dr. James N. Martin, resigned.

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Dr. William Osler.—Dr. William Osler, of Baltimore, delivered the annual lecture before the Chicago Society of Internal Medicine, at the rooms of the Chicago Medical Society, May 15th.

Dr. Thomas S. Roberts.—Dr. Thomas S. Roberts, of Minneapolis, has been elected to the chair of pediatrics in the medical department of the State University.

British Society of Public Analysts.—Dr. Henry Leffmann, of Philadelphia, has been elected a vice-president of the British Society of Public Analysts.

Dr. Samuel Pozzi.—Dr. Samuel Pozzi has been appointed Professor of Clinical Gynæcology in the University of Paris.

Dr. Wharton Sinkler.—At the fifty-first annual meeting of the South Carolina Medical Association held at Florence on April 17th and 18th, the annual address was delivered by Dr. Wharton Sinkler, of Philadelphia, his subject being "The Importance of a More General Knowledge of the Diseases of the Nervous System."

New York County Medical Association.—The recently-elected officers are: President, Dr. Parker Syms; first vice-president, Dr. Alexander Lambert; second vice-president, Dr. Francis W. Murray; secretary, Dr. Ogden C. Ludlow; corresponding secretary, Dr. M. L. Maduro; treasurer, Dr. Charles E. Denison; member of executive committee, Dr. Charles S. Benedict.

Minnesota State Medical Society.—The annual meeting of the above society will take place on Monday, June 3d, at the State Capitol.

Dr. Henry A. Beaudoux.—Dr. Henry A. Beaudoux, of Fargo, N. D., has been appointed oculist and aurist of the divisions of the Northern Pacific Railway which end in Fargo.

Cooper Medical College. — Walter E. Garry, Ph.D., has been elected Professor of Physiology in Cooper Medical College, San Francisco.

Florida Medical Association. — The following officers were elected at its meeting in Jacksonville: President, Dr. J. A. Wakefield, of Jacksonville; first vice-president, Dr. M. D. Blocker, of Chattahoochie; second vice-president, Dr. George E. Welch, of Palatka. The secretary, Dr. J. D. Fernandez, and the librarian, Dr. E. N. Trill, hold over for another year. Tampa was selected as the next place of meeting.

A "True" Fish-story. — The leaven of W. H. Boardman's book, "Lovers of the Woods" (McClure, Phillips & Co.) is the keen philosophy of "John," a very observant woods' guide. This Adirondack wiseacre tells the following story:—

"All fish are like some men that start right and go wrong. Billy Drew tells a story, and I know it's true. Last summer when he was fishin' in Long Lake, the buckskin thong that was fastened on his watch slipped off his pants' button and the watch dropped out of his pocket into forty feet of water. In the fall I was out with him spearin' pickerel, and when we come ashore I says, 'Billy, what makes that tickin' sound?' and says he 'I guess that's my watch.' And he opened a ten-pound pickerel and found it, keepin' time just as natural as any watch. The thong was looped on the pickerel's jaw, and was more or less wound on the stem-winder, and the motions of bitin' and digestin' kep' the watch spring tight as a drum, for a pickerel never rests."

"John," said Hardy, "is that all true?"

"I am afraid it ain't all true," said John. "You can't depend on Billy on the part of the weights he gives for fish. I never thought his pickerel, without the watch, weighed more 'an about eight pounds, but the point is true that all fish are hungry sometimes, not all times, and'll bite almost anything."

Italian Institute for Scientific Research.—Prof. E. Maragliano has founded and opened an institute for the study and cure of tuberculosis and other infectious diseases, modeled on the Pasteur Institute of Paris.

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Professor Aloysius O. J. Kelly. — Dr. Aloysius O. J. Kelly, Instructor in Clinical Medicine in the University of Pennsylvania, recently was elected Professor of the Theory and Practice of Medicine in the University of Vermont.

Dr. Christian B. Stemen.—Dr. Christian B. Stemen, of Fort Wayne, Ind., has been appointed a trustee of Purdue University, to succeed the late General Harrison.

Alabama Medical Association.—The following officers were elected for the ensuing year: Dr. E. L. Marechal, of Mobile, president; Dr. W. T. Bride, of Madison, senior vice-president; Dr. M. B. Cameron, of Sumpterville, junior vice-president; Dr. G. P. Waller, of Montgomery, secretary; Dr. H. G. Perry, of Greensboro, treasurer; and Dr. E. B. Ward, of Selma; orator.

Honors to Bottini.—A committee of the friends and students of Professor Bottini are planning to celebrate the twenty-fifth anniversary of his appointment to the chair of surgery at Pavia. A *Festschrift*, or souvenir volume of original articles on surgery, will be presented to him, with a gold medal and a framed parchment list of all subscribers.

University of Havana. — Dr. Aristides Agramonte (formerly chief of the bacteriological laboratory) has been appointed to the chair of bacteriology and experimental pathology in the medical faculty of the University of Havana, Cuba.

Retirement of Colonel Woodhull.—Col. Woodhull, of the United States army medical department, has just been retired on account of age. Colonel Woodhull was graduated from Princton in 1856 and from the medical school of the University of Pennsylvania in 1859. He entered the army in 1861 and became colonel in 1900. He acted as surgeon-in-chief in the Philippines, whence he recently returned. He served through the Civil War, and is a well-known writer on medical subjects. — Medical Record.

Obituary. — *Professor William Henry Draper.*—Prof. William H. Draper recently departed this life at his home in New York City in the seventy-first year of his age. The deceased was a native of Vermont, was a graduate of arts of Columbia College, and of medicine of the College of Physicians and Surgeons. During the Civil War he visited the Peninsula in connection with the Sanitary Commission. In 1869 he became Professor of Diseases of the Skin at the College of Physicians and Surgeons. In 1879 he took the chair of clinical medicine in the same institution. He retired in 1898 with the title of emeritus professor. Dr. Draper was connected with the New York Hospital for thirty-nine years. He was also on the staff of a number of other hospitals. He was a cheerful and genial man, an excellent practitioner and teacher.

Professor Giulio Bizzozero.—Prof. Giulio Bizzozero, of Turin, the prominent Italian pathologist, best known from his researches on the blood, bone-marrow, lymphatic glands, etc., died after a brief illness, from double pneumonia, aged 56. He was one of the most prominent teachers in medicine in Italy, and his name is familiar throughout the world. Among his students were many of the younger pathologists of Italy, including Golgi and Tizzoni. He was a member of most of the Italian and many foreign medical societies, and was a senator of the Kingdom of Italy.—Journal of the American Medical Association.

Dr. Frank Abbott. — Dr. Frank Abbott, the well-known oculist, died in Buffalo after a long illness. Dr. Abbott was oculist-in-chief at the General Hospital and the Eye, Ear, and Throat Hospital of Erie County.

Dr. Irving C. Rosse.—We regret to learn of the recent death of Dr. Irving C. Rosse, of Washington, D. C. Dr. Rosse was widely known as a neurologist, and had made valuable contributions to the literature of the profession.

Dr. Ralph Erskine Johnston.—We regret to learn of the tragic death of Dr. John-

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ston, of the Danville, Pa., insane-asylum. Dr. Johnston had been an assistant physician at the State Hospital for the Insane at Danville for more than six years. He was devoted to his duties, and fell a martyr to his sense of responsibility. He received several stab wounds from a maniacal patient who suffered from delusions of persecution.

The Cosmopolitan.—In the Cosmopolitan for May Allen Sangree draws a vivid picture of the character of General de Wet. The article is well illustrated. Lady Jeune contributes an interesting paper on "The Art of Entertaining." E. C. Peixotto's article on "Paris Types" will be read with pleasure. The May issue also contains stories by Julian Hawthorne, Hayden Carruth, Egerton Castle, and H. G. Wells.

Western Ophthalmological and Oto-laryngological Association. — The following officers were elected at the sixth annual meeting of the Western Ophthalmological and Oto-laryngological Association held in Cincinnati April 11th and 12th; Dr. C. R. Holmes, of Cincinnati, Ohio, president. Dr. W. L. Dayton, of Lincoln, Neb., first vice-president. Dr. J. O. Stillson, of Indianapolis, Ind., second vice-president. Dr. H. W. Loeb, of St. Louis, Mo., third vice-president. Dr. O. J. Stein, 100 State Street, Chicago, treasurer. Dr. William L. Ballenger, 100 State Street, Chicago, secretary. At the meeting in Cincinnati the scientific program was of very high grade. Forty new members were elected. The next meeting will be held in Chicago, April 10, 11, and 12, 1902.

Dr. Lapthorn Smith. — Dr. Lapthorn Smith, who was appointed Professor of Diseases of Women in the University of Vermont, has returned to Montreal to resume practice. While at Burlington he delivered his first annual course of lectures at the medical school, his surgical clinics being given every morning at the Mary Fletcher Hospital.

A Case of Interstitial Keratitis Cut Short by an Attack of Measles.—Dr. H. Harlan says that a boy of nine with a severe attack of interstitial keratitis was admitted to the hospital and treated for three weeks in the usual manner, with "no appreciable improvement." He was then seized with a sharp attack of measles, which lasted, however, only a few days. His cornea cleared rapidly during the attack, and when he recovered he could see objects about the ward, and the ciliary injection and vascularity of the cornea had completely subsided. The author says: "He had made as much progress toward recovery in three days as I have ever seen occur in a similar case in as many months."—Post-graduate.

Association of American Physicians.—At the meeting recently held at Washington the following officers were elected: Dr. J. C. Wilson, of Philadelphia, president; Dr. James Stewart, of Montreal, vice-president; Dr. Henry Hun, of Albany, secretary; Dr. Solis-Cohen, of Philadelphia, recorder.

International Congress of Physiologists. — The Fifth International Congress of Physiologists will be held in Turin on September 17-23, 1901, under the presidency of Prof. Angelo Mosso.

Medical Association of Georgia.—At the recent meeting of this society the following officers were elected: President, Dr. James B. Baird, of Atlanta, Ga.; first vice-president, Dr. William H. Doughty, Jr., of Augusta, Ga.; second vice-president, Dr. J. D. Chason, of Bainbridge, Ga.; secretary and treasurer, Dr. Louis H. Jones, of Atlanta, Ga. The association will hold its next meeting in Savannah on the third Wednesday in April, 1902.

A Monument to Bunsen, Kirchhoff, and Helmholtz. — A committee, largely composed of medical men, has been formed for the purpose of erecting a triple monument in Heidelberg to Bunsen, Kirchhoff, and Helmholtz. Special appeals for contributions are to be issued to learned societies

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and academies in the German empire, as well as to personal friends and admirers of the late scientists, but it is understood that the public at large will not be invited to contribute. The chairman of the committee is Dr. A. Kussmaul, of the University of Strasburg.

American Congress of Tuberculosis. — The second annual meeting of the American Congress of Tuberculosis was held at the Grand Central Palace, in the city of New York, on the 15th and 16th of May, in joint session with the Medico-legal Society of New York.

Yellow-Fever Congress.—A Special Pan-American Congress will be held in Cuba in 1902, devoted exclusively to the consideration of yellow fever.

British Medical Association.—The British Medical Association will hold its sixty-ninth annual meeting at Cheltenham on Tuesday, Wednesday, Thursday, and Friday, July 30 and 31, August 1 and 2, 1901.

Otological Society of the United Kingdom.—The Otological Society of the United Kingdom held its last meeting in Edinburgh on Saturday, May 11th. This was the first of the meetings held by the society out of London. Another meeting will be held in London on Monday, June 10th.

British Congress of Tuberculosis. — The British Congress on Tuberculosis will be held in the Queen's Hall, London, from Monday, July 22d, to Friday, July 26th. The British Colonies and Dependencies will be represented by delegates, and the governments of countries in Europe, Asia, and America are invited to send representative men of science and others who will be the distinguished guests of the congress.

Dr. A. Ravogli, of Cincinnati. — Dr. A. Ravogli has been appointed by Governor Nash to succeed himself as a member of the State Board of Medical Registration and Examination. He has been serving in the short term created by the resignation of Dr. Charles A. L. Reed. He is now appointed for a full seven-year term.

Tennessee State Medical Society.—At the sixty-eighth annual meeting of the Tennessee State Medical Society the following officers were elected: Deering J. Roberts, M.D., of Nashville, president. J. B. Murfree, Jr., M.D., of Murfreesboro; L. A. Yarbrough, M.D., of Covington; W. B. St. John, M.D., of Bristol, vice-presidents. A. B. Cooke, M.D., of Nashville, secretary; W. C. Bilbro, M.D., of Murfreesboro, treasurer. The next place of meeting will be Memphis, Tenn., on the second Tuesday in April, 1902.

Dr. Z. G. Simmons.—Z. G. Simmons has decided to present the city of Kenosha, Wis., with a hospital, which will cost $30,000.

Cincinnati Society of Natural History.—Dr. Christian R. Holmes has been elected President of the Cincinnati Society of Natural History, and Dr. Arch I. Carson, secretary.

Indurated Erythema and Tuberculosis.—M. Carle reports a case in which a nodular erythema in a scrofulous woman, 49 years of age, proved to be tuberculous on microscopical examination. He emphasizes the deep induration of the nodule and its indolent character, its characteristic situation on the antero-external portion of the leg, and its concomitance with the scrofular lesions, and its probable identity in origin with them. While inoculation experiments have not been very conclusive, nodular erythemata most often appear in persons with a tuberculous ancestry, and the histological examination frequently shows the presence of giant-cells with epithelioid characteristics. Treatment is long and must be general and local.—New York Medical Journal.

A Passage in the Life of Harvey. — A curious circumstance connected with the great Harvey, and which has apparently escaped notice hitherto, is communicated to

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a recent number of the Caledonian Medical Journal by a correspondent. Had the Governor of Dover not dreamed the dream here related, who would have discovered the circulation of the blood? The story comes from "Aubrey's Miscellanies," published in London in 1696, and is as follows:—

"When Dr. Harvey (one of the Physicians' College in London), being a young man, went to travel toward Padoa, he went to Dover (with several others) and showed his pass, as the rest did, to the Governor there. The Governor told him that he must not go, but he must keep him prisoner. The doctor desired to know for what reason; how had he transgressed? Well, it was his will to have it so. The packet-boat hoisted sail in the evening (which was very clear), and the doctor's companions in it. There ensued a terrible storm, and the packet-boat and all the passengers were drowned. The next day the sad news was brought to Dover. The doctor was unknown to the Governor, but by name and face, but the night before the Governor had a perfect vision in a dream of Doctor Harvey, who came to pass over to Calais, and that he had a warning to stop him. This the Governor told to the doctor the next day. The doctor was a pious good man, and has several times directed this story to some of my acquaintance."

Evidently Harvey was reserved for better things than to be drowned at the outset of his career; but it was rather hard on his companions that they were not warned also. It will be noted that the quaint description makes the "packet-boat" to have been drowned too.—Medical Times and Hospital Gazette.

Book Reviews.

Principles of Surgery. By N. Senn, M.D., Ph.D., LL.D., Professor of Surgery in Rush Medical College in Affiliation with the University of Chicago; Professorial Lecturer on Military Surgery in the University of Chicago; Attending Surgeon to the Presbyterian Hospital; Surgeon-in-Chief to St. Joseph's Hospital; Surgeon-General of Illinois; Late Lieutenant-Colonel of United States Volunteers and Chief of the Operating-staff with the Army in the Field during the Spanish-American War. Third Edition. Thoroughly Revised, with 230 Wood-engravings, Half-tones, and Colored Illustrations. Royal Octavo. Pages, xiv-700. Extra Cloth, $4.50, net; Sheep or Half-russia, $5.50, net. Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

This is a work which has deservedly achieved a great success. Perhaps in no branch of the medical profession is it more absolutely essential that the student should be well grounded in his principles than in surgery. Inadvisable operations are a reproach to the art. It is the application of sound principles to individual cases that makes the judicious surgeon. Those principles are immutable in themselves, no doubt, but our conceptions and understanding of the fundamental laws of surgery must necessarily vary with new discoveries in science by which fresh light is thrown upon biological processes. The fresh impetus which bacteriology has given to pathology and the new vistas which it has opened in etiology have had a notable influence upon our knowledge of the underlying principles of surgery. Much that relates to the subject of inflammation has been modified by the progress of discovery. The localizations of surgical tuberculosis also have been keenly studied and are better understood now than at a not very distant period in the past. It is characteristic that the author of this work has incorporated the new and revolutionary conceptions into his text, and has pointed out their significance to the reader. For these reasons,

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together with the lucid style of the writer, the present work is in the very front rank of text-books. Imbued with its doctrines, the surgeon stands on a firm foundation, and is placed in such a position that he is able to extend his knowledge with the further growth of such branches of science as have a bearing upon surgery.

The book is well illustrated and issued in excellent style.

A Text-book of Gynæcology. Edited by Charles A. L. Reed, A.M., M.D., President of the American Medical Association (1900-1901); Gynæcologist and Clinical Lecturer on Surgical Diseases of Women at the Cincinnati Hospital, etc. Illustrated by R. J. Hopkins. New York: D. Appleton & Co., 1901.

This is a work which has been produced by the collaboration of a number of writers. The editor has himself written many of the articles, and has bestowed so much careful labor in welding the communications harmoniously and homogeneously together that the result is a manual of the subject, representative of the views and practice of eminent teachers of gynæcology.

In fifty-three chapters the writers systematically consider the various malformations, displacements, and diseases to which the organs and structures of the female genital tract are subject. The first eleven chapters discuss general principles which are in relation to the whole matter of female diseases. Sections are also included upon diseases of the skin of the female genitals, of the female urinary apparatus, of the rectum, and upon the relations between pelvic diseases and nervous affections. All these topics are delineated by authors who have made them a special study. The result, therefore, is a faithful representation, not only of the organic and functional disorders of the sexual tract, but also of the interactions between these affections and those of other portions of the female economy. The individual writers have performed their parts of the work with skill, and the editor has succeeded remarkably well in his own share of the work. Much of the text, in fact, is from his own pen. In the table of contents the reader can learn to whom the different chapters and sections are due.

The descriptions of disease, the symptoms, diagnosis, pathology, and treatment have been executed with exceedingly good judgment. The language is terse, clear, and to the point. The text is full, yet not overweighted with unimportant detail. The book can be cordially recommended as a faithful exponent of the present condition of knowledge and practice. The typography and illustrations are admirable. By a happy plan the reader is referred, by a short sentence quoted from the text, to the page and the authority for the plates.

Annual Report of the Adjutant General of Pennsylvania for the Year 1898. Transmitted to the Governor in Pursuance of Law. William Stanley Ray, State Printer of Pennsylvania, 1900.

This report is one of unusual interest, covering, as it does, the events of that year when the United States was obliged to intervene in behalf of Cuba. Then, as upon every other occasion since the foundation of this government, the Commonwealth of Pennsylvania rose promptly in the execution of duty. Its full quota of troops was speedily assembled in camp. The troops of Pennsylvania acquitted themselves with credit. Some saw active service in Porto Rico and the Philippines. Others were in honorable, but peaceful, service within our own borders.

The report is a compendium from official sources of Pennsylvania's share in the war with Spain. The reports of the colonels of our regiments relate concisely the duties in which they were engaged.

From the purely medical point of view the volume contains much which will attract the attention of the reader. Herein

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we find reports from regimental surgeons, detailing the physical condition of the men under their supervision. The lamentable sequel of exposure in the form of typhoid fever and other diseases is graphically portrayed in the elaborate report of the trustees of the Medico-Chirurgical Hospital, which institution was privileged to do such a valuable and beneficent work in behalf of our afflicted soldiers.

Atlas and Epitome of Ophthalmoscopy and Ophthalmoscopic Diagnosis. By Professor Dr. O. Haab, Director of the Eye Clinic in Zurich. From the Third Revised and Enlarged German Edition. Edited by George E. de Schweinitz, Professor of Ophthalmology in Jefferson Medical College, Philadelphia. With 152 Colored Lithographic Illustrations and 85 pages of Text. Philadelphia and London: W. B. Saunders & Co., 1901. Price, $3.00, net.

This is a most excellent book. It deals with a very important subject in a clear and instructive manner. The art of ophthalmoscopy requires much practice for the attainment of proficiency. The beginner must learn to recognize the pictures which he sees beneath his eyes. He must furthermore acquire the ability to interpret with a fair degree of accuracy the findings revealed by the instrument. The latter ability is not obtained without extended study. When we consider the wide applicability of the ophthalmoscope in revealing, not only conditions and lesions of the interior of the eye, but also morbid states of the general system or of great and important organs, we can appreciate the decided assistance the instrument is to general medicine as well as to ophthalmology.

These topics receive careful consideration in the present volume. The distinguished author is a teacher of experience. He knows the needs of those who are young in such studies. The reader is led along from point to point in his progress, and by the aid of the numerous and handsome plates he is taught the use of the instrument and the interpretation of the images. The work can be heartily commended.

Atlas and Epitome of the Nervous System and Its Diseases. By Professor Dr. Chr. Jakob, of Erlangen. From the Second Revised German Edition. Edited by Edward D. Fisher, M.D., Professor of Diseases of the Nervous System in University-and-Bellevue Medical College, New York. With 83 Plates and Copious Text. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $3.50, net.

This is certainly a valuable work, none the less so for its compactness. The plates are so wonderfully life-like that comparatively little text is needed. They interpret themselves to a large extent. The text is condensed, but lucid. This is a book for the general practitioner as well as for the student of neurology. Cases of nervous disease are so common and apparently on the increase that the family physician is constantly brought into contact with them, and should make it an object to understand them sufficiently well to treat them with intelligence. This cannot be done, however, without a competent knowledge of their pathology and origin. By the aid of the present work he will find his interest in this class of diseases much increased. So many additions have been made to our knowledge of the structure and function of nervous tissue that he should welcome an authoritative book of moderate dimensions, which he may study and to which he may refer with a confidence that he is being put in possession of the present state of this department of medicine.

Atlas and Epitome of Labor and Operative Obstetrics. By Dr. O. Shaeffer, of Heidelberg. From the Fifth Revised German Edition. Edited by J. Clifton Edgar, M.D., Professor of Obstetrics and Clinical Midwifery in Cornell-University Medical

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School. With 14 Lithographic Plates in Colors and 139 Other Illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $2.00, net.

The author of this book has given us a valuable addition to obstetrical literature. This art, so important from every point of view, so often fraught with such horrible dangers to two lives, is certainly one of which the student and practitioner should spare no pains to acquire a competent knowledge. The work before us is an efficient aid in gaining practical ability in the art of obstetrics. Books alone cannot make an obstetrician any more than they can make a physician or a surgeon, but as far as a book can go in representing and making clear the mechanism of labor, the presentations and positions, and the necessary manipulations this moderately-sized volume succeeds in rendering the subject clear to the attentive mind. The author has succeeded in producing several accurate presentations of manipulations and conditions never before clearly shown. It is a faithful portrayal of the methods and procedures of modern obstetrics. Higher commendation for a work of its size and character cannot be given.

Introduction to the Study of Medicine. By G. H. Roger, Physician Extraordinary in the Faculty of Medicine of Paris. Authorized Translation by M. S. Gabriel, M.D., with Additions by the Author. Pp. 545. New York: D. Appleton & Co., 1901.

A very satisfactory *résumé* of the present attainments of medical science is to be found in this series of lectures recently delivered at the University of Paris by Professor Roger. It is not, however, as might be inferred from its title, adapted to the student at the very outset of his medical studies. Rather would it be suited to the wants of the members of a senior class, who would be sufficiently advanced to appreciate the higher relations of the medical sciences, which it presents after a truly philosophical method.

The first twelve lectures, of the twenty-four contained in this attractive and handsomely-printed volume, are devoted to the consideration of the various agents which cause disease, with nervous reactions, disturbance of nutrition, and autointoxications. These are followed by an admirable discussion of the pathology of the fœtus and heredity. Inflammation, septicæmia, and pyæmia are next taken up, followed by tumors and cellular degenerations. The lecture on functional synergies and morbid sympathies deal with more abstruse questions, but of great practical importance. Over one hundred pages are devoted to methods of examination of the sick and the clinical application of scientific procedures. Diagnosis and prognosis complete the series. This valuable work could be added to the list of text-books required to be read by the student prior to graduation and could be read by many subsequent to graduation with great advantage.

The International Medical Annual. A Year-book of Treatment and Practitioner's Index. Nineteenth Year. E. B. Treat & Co., New York. Price, $3.00.

The 1901 edition is before us, and the contributors are so well known to the profession that their names alone suffice for the excellency of its contents. Among some of the new contributors we notice an article on tuberculosis by Prof. Charles Ruata, M.D., of Perugia, Italy. In the small space allotted to the doctor he has brought together in a most admirable manner some valuable statistics on the mortality from this disease on the continent of Europe; his discussion on heredity and the influence of the specific bacillus on the length of the disease are unfortunately too brief, though the main features are brought to the reader in a very forcible manner.

The review of therapeutic progress for

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1900 by Dr. William Murrell, together with an article on "Toxins and Antitoxins" by the same author in conjunction with Prof. Joseph McFarland, is well worth the price of the book alone. One obtains in a systematic condensed form an amount of literature that would be difficult to obtain in any other manner.

With articles on the progress of x-ray work in medicine and surgery; color-blindness, the newer methods of combating disease, the publishers are to be congratulated in having given a book to the profession superior to their previous editions, and one that should find a place on the desk of every up-to-date physician.

The value of the book is also much enhanced by the various colored plates and illustrations under their appropriate headings.

A Text-book of the Practice of Medicine. By Dr. Herman Eichhorst, Professor of Special Pathology and Therapeutics and Director of the Medical Clinic in the University of Zurich. Translated and Edited by Augustus A. Eshner, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic. Two Octavo Volumes of over 600 Pages Each; over 150 Illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Price per set: Cloth, $6.00, net.

This is an excellent guide to student and practitioner of internal diseases. It covers the whole ground succinctly, carefully presenting the cardinal facts of symptomatology and diagnosis. The author concerns himself scrupulously with what is known and thoroughly established. The text is truly representative of the present state of actual knowledge, but makes no attempt to discuss questions which are still unsettled. The descriptions of the many affections included in its pages are graphic, though concise. From his abundant experience and diagnostic acumen the author has fixed upon the principal and characteristic features of disease. The reader will thus have stamped upon his memory the fundamental facts by which he will be enabled to recognize individual maladies. In addition to the disorders ordinarily described in such treatises the author has incorporated matter relative to some which are properly classed as surgical, but which nevertheless enter largely into the work of the general practitioner of medicine. Professor Eichhorst has devoted particular attention to the subject of treatment, in just appreciation of the fact that the essential aim of the physician will ever be the cure of disease. In his sections upon treatment he is conservative and judicious. Out of his abundant personal experience he indicates the remedies and the methods which have proved most successful, and does not enter into details concerning those whose value has not yet been sufficiently demonstrated. The volumes are well illustrated. The work can be cordially recommended.

A System of Physiologic Therapeutics. A Practical Exposition of the Methods, other than Drug-giving, Useful in the Treatment of the Sick. Edited by Solomon Solis-Cohen, A.M., M.D., Professor of Medicine and Therapeutics in the Philadelphia Polyclinic, etc. Volume I. Electrotherapy, by George W. Jacoby, M.D., Consulting Neurologist to the German Hospital, New York City, etc. In two Books. Book I. Electrophysics—Apparatus Required for the Therapeutic and Diagnostic Use of Electricity. With 163 Illustrations. Philadelphia: P. Blakiston's Son & Co., 1901.

This volume, studied in conjunction with the apparatus described and outlined, should fulfill an extremely useful purpose. In a certain sphere of diagnosis electricity affords us our most accurate and reliable information. In a wide range of morbid conditions electricity is our most potent remedy. The force should be more clearly understood and more generally employed

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by physicians than is the case at present. Anyone who neglects the study and utilization of electricity in the practice of medicine willfully deprives himself of a most efficient assistant in his efforts to relieve disease. In order to employ the different forms of this natural power with intelligence and success the practitioner must acquaint himself with the fundamental laws in obedience to which it operates, and he must likewise, and thoroughly, familiarize himself with the apparatus by which we evoke electrical agency. This study will be richly rewarded. In this work of Dr. Jacoby's the reader will possess a clear and faithful guide. As far as the nature of the subject permits, the author has simplified mathematical, mechanical, and technical explanations. The figures of apparatus and appliances are numerous and distinct. They are well adapted to serve as an introduction to the use of the instruments, for without actual experimental work in the management of electrical apparatus the student cannot advance to the practical and useful application of the force in actual practice.

Uterine Fibromyomata. Their Pathology, Diagnosis, and Treatment. By E. Stanmore Bishop, F.R.C.S.Eng., President of the Manchester Clinical Society, etc. With 49 Illustrations. Philadelphia: P. Blakiston's Son & Co., 1901.

The author has produced a valuable monograph. His subject is one of widespread interest. His narration of anatomical considerations, development, and secondary changes, while admittedly not exhaustive, are sufficient for the promotion of clear ideas. As regards the value of electricity as a mode of treatment, he draws a fair conclusion when he places this agency midway between medicinal and surgical measures. In certain cases it undoubtedly does produce a definite and reliable effect. In other cases, however, it is entirely useless, and in some extremely dangerous. As long as its use does not blind patient and surgeon to the actual dangers of delay in cases which ultimately require operation, it will be an effective weapon. Chapter VIII is devoted to an excellent general survey of surgical treatment. After carefully describing the preparation of the patient for operation Mr. Bishop dedicates a chapter to the technique of operative methods and one to post-operative treatment.

The author depicts in a very accurate and satisfactory manner, efficiently aided by many plates, the numerous operations which have been devised for the removal of these growths. Not the least important chapter is the last, in which the author supplies some information not very readily obtained, but which is of great significance to those whose duty it is to advise patients suffering from these tumors as to their future course.

Eczema, with an Analysis of Eight Thousand Cases of the Disease. By L. Duncan Bulkley, A.M., M.D., Physician to the New York Skin and Cancer Hospital, etc. Third Edition of "Eczema and its Management"; Entirely Rewritten. G. P. Putnam's Sons, 1901.

This is a notable example of a concise and well-conceived treatise upon a single, but exceedingly common and often rebellious, disease of the skin. The author has had wide experience, is a close observer, a skillful practitioner, and a good writer. With these comprehensive qualifications he could not fail to produce a serviceable volume. On account of its frequency, every physician needs to give careful study to the protean manifestations of eczema in order that his diagnosis may be accurate and speedy, and that his methods of treatment should be governed by an intelligent recognition of the causes and stages of the affection. He will find Dr. Bulkley's book of high value as a guide.

Twenty-first Annual Report of the State Board of Health of the State of Rhode Island. For the Year Ending December

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31, 1898. Providence, R. I., E. L. Freeman & Sons, State Printers, 1901.

Much valuable information is contained in this report. With the exception of a few pages of general report, it consists of the report of the secretary, Dr. Gardner T. Swarts, representing Providence County. It includes reports relative to town sanitation, water-supplies, meteorology, contagious diseases, records of all cases of consumption in the State, and results of examinations of cultures taken from suspected cases of diphtheria. The volume is an evidence of the good work done by the board.

Essentials of the Diseases of Children. By William M. Powell, M.D. Third Edition. Thoroughly Revised by Alfred Hand, Jr., M.D., Dispensary Physician and Pathologist to the Children's Hospital, Philadelphia. 12mo, 259 pages. Philadelphia and London: W. B. Saunders & Co. Price, $1.00, net.

This little volume is No. 15 of "Saunders's Question-compends." It, like others of the series, has been before the public for years, and has now advanced to the third edition. It has been revised to represent, as fully as its limits permit, the present state of the branch of medicine of which it treats. The section on infectious diseases has been rewritten, a chapter upon infant-feeding has been added, and changes have been made in many of the paragraphs relating to pathology.

Diagnostic et Traitement des Maladies du Nez; "Rhinoscopie." Par le Docteur J. Garel, Médecin des Hôpitaux de Lyon. Deuxième Edition. J. Rueff, Editeur, Paris, 1901.

In this charming little book, devoted exclusively to diseases of the nose, the author has succeeded admirably in condensing all the rudimentary and well-established facts connected with the science of rhinology without sacrificing clearness of description to brevity of style or omitting anything essential. To subjects that have recently received considerable attention from rhinologists, or diseases whose treatment is still a matter of dispute, he gives proportionately greater space, and carefully discusses the proposed methods of treatment, clearly stating his reasons for preference.

The chapter on diseases of the accessory nasal cavities is especially well worth reading. Garel's favorite method of treating empyema of the maxillary sinus is by catheterization with Heryng's instrument, which he states can be introduced in 60 per cent. of the cases. Through this instrument the cavity is thoroughly syringed with boric-acid solution, and no operative measures are resorted to unless this simple and painless method fails to effect a cure. The sinus is never opened in uncomplicated cases as a mere matter of diagnosis.

After mentioning the names of the various authors who have devised operations for the correction of deflection of the nasal septum he describes only two: those of Asch and Gleason. However, he states that radical operations for the correction of septal deflections are but infrequently employed upon the Continent. Garel prefers electrolysis as described by him at the congress in Paris, 1889, because there is less danger of sepsis; but states that if, as the result of electrolysis, a perforation of the septum results, it occasions no inconvenience. This is only true of perforations not in the anterior third of the septum; and in America sepsis rarely or never occurs after a radical operation for deflection of the septum. Electrolysis has been almost entirely abandoned in America even for ecchondroses, because the operation is more painful and tedious and gives no better results than the saw or knife. In deflections of the septum it in nowise changes the condition of the wider nostril, the condition of which often causes more complaint on the part of the patient.

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COMMERCIAL NEWS.

THERAPEUTIC USES OF UNGUENTUM CREDE.

By Max Staller, M.D.,
Surgeon to Mount Sinai Hospital, Philadelphia, etc.

Unguentum Crede is a soluble metallic silver containing 15 per cent. of silver. The adult dose for single inunction is between 40 and 50 grains; for children, 15 and 20 grains. My experience with unguentum Credé during the last two years is limited to 25 cases of erysipelas, 7 cases of cerebro-spinal meningitis, 4 cases of bubo, 6 cases of cellulitis, 10 cases of carbuncles, 9 mammary abscesses, 2 cases of puerperal septicæmia, and all with gratifying results. I shall endeavor to cite several cases of each:—

Child, Birnbaum, aged 14 months, had been sick for five days with erysipelas, beginning at the labia majora and gradually involving the whole body. The temperature was 106 degrees; respiration, 75; pulse, 180; heavy breathing, coughing, cyanosis, convulsions (six to eight during the twenty-four hours). The erysipelas involved both legs, feet, abdomen, chest, and one arm. Only the face and one hand was free from inflammation; child very restless and comatose. Diagnosis: erysipelas complicated with pneumonia.

The skin was red and hot and parchment-like, and the whole body was swollen. I prescribed unguentum Credé, 1 ounce; strychnine, nitroglycerin, and digitalis separately; and also oxygen. The first inunction I made myself, and used $^1/_2$ drachm of the ointment, which was about ten times more than I usually use. Eight hours later the only improvement was: temperature, 104 degrees; pulse, 150; respiration, 65; convulsions ceased. I made another inunction with the balance of the ointment. Six hours later, when I made my visit, the whole aspect of the case was changed; the skin had lost its parchment-like feel, was only slightly red, and looked simply hyperæmic; the patient was brighter and took milk and water readily; no convulsions; temperature, 102 degrees; pulse, 125; respiration, 40.

On physical examination I found bronchial breathing over right lower lobe and left upper lobe, with consolidation. The appropriate treatment for pneumonia was continued, and the ointment ordered stopped; but the father, seeing such good results from the use of the ointment, used 2 ounces more without my knowledge. The child recovered from the erysipelas in eight days, and from the pneumonia in four weeks. The child had argyrism, which took me quite awhile to cure, but made a perfect recovery, and has never been sick since, this being now nearly two years.

In all cases of erysipelas $^1/_2$ ounce of unguentum Credé is more than enough. I always apply the ointment directly over the inflamed area and rub gently for twenty or twenty-five minutes till the skin becomes dark and the ointment absorbed. The inflamed area is preferable on account of the hyperæmia of the skin; absorption is quicker, and it acts locally before it enters the lymphatics. Any case of erysipelas, if seen early, will be cured within three to five days. Improvement can be noticed within five to six hours: the skin will lose its parchment-like appearance, will be slightly red and soft, will not burn the patient. I treated only three more cases of the same character, and all with good results; the rest of the cases were facial erysipelas. The medicinal treatment in all cases was symptomatic and stimulating; no ferric chloride was given at all.

In the last epidemic of spotted fever in Philadelphia, about eighteen months ago, seven cases fell into my hands, and in all cases, besides the regular routine treatment, each patient received six inunctions of unguentum Credé, using about 1 ounce on each case.

Case I.—Child, D., aged 2 years, was

(Continued on Advertising Page 18.)

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PIL: ARTHROSIA (Warner & Co.)

FOR CURE OF GOUT AND RHEUMATISM.

FORMULA: Acidum Salicylicum; Resina Podophyllum; Quinia; Ext. Colchicum; Ext. Phytolacca; Capsicum. 60c. per 100.

PERISTALTIC.

(Trade Mark.)

Aloin..... ¼ gr. Ext. Bellad..... ¼ gr.
Strychnin..... 1-60 gr. Ipecac..... 1-16 gr.

Dose—One to Two Pills.

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(Dr. GOODELL.) Each containing:
Ext. Sumbul..... 1 gr. Ferri Sulph. Exs..... 1 gr.
Asafœtida..... 2 grs. Ac. Arsenious.....1-40 gr.

Dose—One to Two Pills. $1.00 per 100.

"I use this pill for Nervous and Hysterical Women, who need building up." It is used with great advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo Soda. One to two pills taken three times a day.

PIL. CASCARA CATHARTIC.

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℞
Cascarin, Ext. Bellad..... ¼ gr.
Aloin.....ℨℨ ¼ gr. Strychnin..... 1-60 gr.
Podophyllin..... 1-6 gr. Gingerine..... ½ gr.

Dose—One to Two Pills. 60c. per 100.

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Ext. Damiana..... 1 gr. Ext. Sumbul ..... ½ gr.
Phosphorus..... 1-100 gr. Ferri Carb..... 1 gr.
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Dose—Two Tablets before meals for adults.

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A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 to 20 Grains.

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Palatable **VERY EASILY PREPARED** **Nourishing**

ESKAY'S Albumenized FOOD

For Infants

Mix with water, boil, add milk and administer.

For Adults

Boiling of the milk increases the palatability.

ESKAY'S FOOD being a *cooked* food has a deliciousness of flavor and palatability which is entirely wanting in raw or uncooked foods, and is relished by patients continuously in all acute diseases requiring an easily digested diet.

A prominent Philadelphia physician writes:

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suddenly taken with a chill; temperature, 105 degrees; vomiting and convulsions; and within two hours a blotchy purpuric eruption appeared on the abdomen and thighs; general hyperæsthesia and delirium. The muscles of the neck and back became rigid, and slight opisthotonos. An inunction of unguentum Credé, 1 drachm, was made at once, and also an ice-bag to the head and cold pack was ordered every three hours, and the ordinary treatment prescribed. Six hours later condition was much the same; no convulsions. Another drachm of the ointment was used, and the patient seen twelve hours later. Found temperature 103 degrees; general improvement; child retained food and medicine. Another inunction was made every six hours until almost the whole ounce of the ointment was used. The child on the third day improved very rapidly; on the fifth day a red swelling appeared over the knee-joint and on the elbow. The child made a perfect recovery in thirty-nine days.

CASE II.—Boy, Nome B., 6 years old, took suddenly sick with high fever, convulsion, rapid pulse, cyanosis, hæmorrhagic eruption all through the body. Death resulted within two hours after the onset. Diagnosis: spotted fever.

CASE III.—Brother of Nome B., aged 4 years, took sick twenty-four hours after the death of his 6-year-old brother. His temperature was 104 degrees; convulsive; petechial eruption; opisthotonos; retraction of the muscles of the neck. Diagnosis: cerebro-spinal meningitis.

Unguentum Credé, 2 ounces, was used for five inunctions, together with dry cups over the spine and bromides. This boy made a good recovery within five weeks.

Of the 7 cases, Nome B., aged 6, died; 4 made perfect recoveries, 1 has had hydrocephalus and died since after operation, and the sixth had paralysis of the left leg, but recovered after one year's treatment with massage, electricity, and strychnine.

In one case of cellulitis phlegmonosa the patient, Mrs. B. Miller, aged 44, had a severe attack of acute parenchymatous nephritis, which left her a severe itching, and by scratching with her unclean nails she infected her leg. On my first visit I found her leg swollen, hot, red, and œdematous. She suffered agonizing pain. Temperature, 104 degrees; pulse, 130. I gave her four inunctions of unguentum Credé of 2 drachms each, at intervals of five hours, and kryofin, 5 grains, every three hours. Within three days the leg was normal, no temperature, and only a slight swelling remained.

Unguentum Credé will abort carbuncles when seen early. I rub in 1 drachm of the ointment over and around the area of inflammation, then I smear over the carbuncle, paint over with collodium. If pus is present I incise and treat as usual, but I give two 1-drachm inunctions of the ointment as a prophylactic. In my 10 cases 6 were aborted and the rest were incised and treated as ordinarily.

In gonorrhœa, the first threatening symptoms of bubo, two or three inunctions of $^1/_2$ drachm over the threatening area, with rest for twenty-four hours, will positively abort pus-formation.

In mammary abscesses, which occur either during lactation, due to chapped nipples, or after weaning, due to excessive accumulation of milk, unguentum Credé and ice are the remedies *per se*. Even in cases where pus-formation has begun and aborting is impossible, this ointment will act as an analgesic, to the great surprise of the patient and doctor, as in several cases under my treatment pus did form, but the patient had no pain at all. The abscess became so localized that, after incising and washing thoroughly with Hg_2Cl_2 the breasts healed within three to four days in all my cases. I order one inunction of 2 drachms over the affected breast and put on an ice-bag. This is repeated three times every four hours, and, as a rule, if seen early, no pus will form; if seen late,

(CONTINUED ON ADVERTISING PAGE 20.)

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Packer's Tar Soap.

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

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where heavy infiltration and deep-seated inflammation are present, the same treatment is instituted if abscess was not aborted. I order inunctions of about 10 grains of the ointment twice daily until abscess is ready to be opened, which usually lasts about one week. In the meantime the patient suffers no inconvenience and no pain, and within that time the abscess will become localized, and surgical treatment is instituted, and you have saved the patient all the untoward symptoms usually accompanying mammary abscess.

In all cases of a septic character, whether due to visible or invisible injury, where contamination of the blood results, either with formation of an abscess or not, unguentum Credé will, in all cases, assist in eliminating the poisonous excreta from the blood through the kidneys, and, moreover, will make all toxic substances which pass through the uriniferous tubules harmless, so that it even prevents nephritis.

In 50 cases of scarlet fever in my practice I used 2 drachms of unguentum Credé to 2 ounces of unguentum aqua rosæ to rub in the body, and not in one single case of the above did I ever find a single trace of albumin, and some of those cases were very severe ones, and in no case did I ever witness any bad results. It is certainly worth a trial, especially in spotted fever, mammary abscess, erysipelas, and cellulitis. —Medical Summary.

Colchi-sal in Obscure Gouty Manifestations.

Gout was formerly considered as limiting itself to "high livers," but this idea is now completely exploded. We know that it is closely related to inflammatory and painful disturbances of all joints, to neuralgias, tonsillitis, and other acute and chronic lesions of the air-passages, including asthma, and that gout is essentially a break or interruption in metabolism that expresses itself only exceptionally in the articulations. Many authorities take a broader view, and look upon it as a failure of the metabolic functions under conditions that produce no such untoward results in the majority of people. The essence of the disease is the production of imperfectly-soluble waste-products difficult of elimination. The cause of gout is therefore function-failure. Roughly speaking, the bulk of metabolism occurs in the muscles; further, the commencing channels of excretion are emptied by vigorous muscular contraction. Exercise flushes the joints, with their viscid and sluggish fluids.

No absolute theory of gout troubles based on mere diet will answer all requirements of the clinician. Many functional disturbances in various forms may arise when seemingly there is nothing to occasion them, all of which, however, are generally relieved by colchi-sal. Gout may or may not be due to the presence of uric acid in the blood; but these symptoms are due to toxins which are formed by the action of one of the intestinal bacilli on the intestinal secretions, specially altered by diet, which alteration is assisted by hereditary predisposition.

Many of these manifestations which appear to be functional are of the nature of congestive or inflammatory disorders. This is true with reference to the prostate, the uterus and ovary, and rarely the intestine. In some of the cases of apparent appendicitis, for which no cause can be ascertained, antigout treatment is recommended before operative measures are undertaken, and the same applies to cases of recurring appendicitis in adults, which should never be operated upon until proper and preliminary treatment has been followed out with colchi-sal. The so-called gouty dyscrasia is prone to affect the circulation, the nervous system, or the skin; and in each case the general treatment is of the greatest importance.

Colchi-sal, which is a compound colchicine methyl-salicylate, dispensed in 20-

(Continued on Advertising Page 22.)

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centigramme capsules, each of which contains $^1/_4$ milligramme of pure crystallized colchicine dissolved in natural methyl-salicylate from *Betula lenta*, is now so largely adopted that it may almost be considered the classical treatment in all gouty or rheumatic manifestations. Everything in the action of colchi-sal contributes to drainage from the economy of these noxious agents, whose abnormal accumulations and retention in the blood determines an attack of rheumatism or gout.

Dr. Laborde, the *savant* member of the French Academy, has systematized the use of colchicine in gout, and fixed the rules for its administration and use. According to these rules, colchi-sal should be given as soon as gouty symptoms appear, in the following doses:—

First day: Four capsules, four times a day, at a quarter of an hour's interval each (16 capsules *per diem*).

Second day: Three capsules, four times a day (12 capsules *per diem*).

Third day: Two capsules, four times a day (8 capsules *per diem*).

Fourth day: One capsule, four times a day (4 capsules *per diem*).

Interrupt the treatment six to eight days, and, if all symptoms have not subsided, recommence the same treatment. The above course of treatment may be used during a full attack of gout, or as a preventive where there are characteristic premonitory symptoms. It is well to remember that successful results are not obtained with the cheap substitutes for the original colchi-sal capsules, and that their administration only leads to disappointing failures to relieve the patient.

Ichthargan and Ichthoform.

Dr. P. G. Unna (Monatshefte f. pract. Dermatol., xxxii, No. 2) reports the results obtained from ichthargan and ichthoform, which he employed in his clinical as well as his private practice. Of the different silver compounds, only the nitrate had been used extensively in dermatology, in the form of the old silver nitrate, and as balsam-of-Peru ointment. The author tried replacing this combination by ichthargan, which he prescribed as a dusting-powder of 1-per-cent. and 5-per-cent. strength, combined with talcum as a base, in treating leg-ulcers. The largest, oldest, and most obstinate ulcers were first subjected to this treatment, and the results obtained showed very strongly the reducing and disinfectant properties of ichthargan. Different from silver nitrate, it does not favor the growth of granulation-tissue; on the other hand, it does favor the production of epithelium and its hardening, thus proving itself a specific keratoplastic remedy. The best results were therefore noted in clean ulcers, on the one hand, and in very old, hard ulcer-forms with callous, immovable margins covered with epithelium, on the other hand. In this latter class of cases desquamation of this horny epithelium was first brought about by means of salicylic plaster-mulls. Finally, ichthargan dusting-powder is a strong astringent in indolent, œdematous, or hæmorrhagic granulations.

The second preparation, ichthoform, is a combination of ichthyol with formaldehyde. It possesses strong astringent properties, as shown by its value as an intestinal astringent. The first series of experiments was made with a simple 1-per-cent. ichthoform-vaselin salve in eczema capitis of children. The results were not encouraging, the ointment proving too irritating. A second series of experiments was therefore commenced with a 1-per-cent. ichthoform-zinc-oxide paste, and far better results were obtained. Comparative tests with this paste and a similar one with sulphur instead of ichthoform showed that the sulphur paste produced more rapid desiccation and healing in all moist, diffuse, and inflamed eczematous surfaces. In dry eczema of the papulous or papulo-vesicular form and seborrhœic type, as well as in seborrhœic

(Continued on Advertising Page 24.)

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Colchicine, 1-20 gr.: Decandrin, 1-10 gr.; Solanin, 1-3 gr.; Sodium Salicylate, 10 grs.; Iodic Acid (equal to 7-32 gr. of Iodine), in 2 fluidrachms of Aromatic Cordial.

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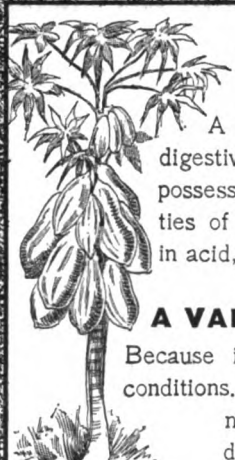

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Because independent of chemical conditions. Its action is, therefore, not affected by the many drugs that inhibit the action of animal pepsin.

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eczemas, the sulphur paste gave better results. On the other hand, the ichthoform paste was superior as regards rapidity and completeness of cure in the psoriasic eczemas of seborrhœic origin and in the pityriasic form of eczemas, which present circumscribed, papulo-vesicular spots.

It would appear, therefore, that in ichthoform we possess a formaldehyde compound in which the irritating properties of formaldehyde have been sufficiently reduced by the combination with ichthyol to allow of its application to the skin and utilization of its disinfectant and hardening qualities. Since, however, its hardening properties always lead to a superficial necrosis, ichthoform can be used only in such affections as require or will tolerate the desquamation of the horny layer.

Scientific and Practical Facts About Diarrhœa.

Professor White, of the University of Dublin, proved, by careful detailed studies as to the action of Angier's petroleum emulsion upon the various micro-organisms, that, inasmuch as petroleum offers no food for bacteria, they cannot thrive in this medium; consequently petroleum is both aseptic and antiseptic. By an elaborate series of laboratory experiments Dr. White found that the petroleum emulsion inhibited alcoholic, lactic, and butyric fermentation, as well as the growth of putrefactive bacteria which have their natural habitation in the intestinal canal.

Dr. W. D. Robinson, a well-known authority on diseases of the stomach and intestines, states in the Medical News (July 14, 1900): "I have extensively given petroleum and salol four times a day, and reclaimed the oil from the fæces and found it to contain some salol and its components: phenol and salicylic acid. This proves the carrying of a chemical antiseptic and antiferment through the entire canal. It is a solvent of iodine, sulphur, betanaphthol, naphthalin, menthol, thymol, camphor, and iodoform." By combination of any of the antiseptics mentioned with petroleum a germ-free condition of the intestinal canal is assured, which is not, according to the highest authority, obtainable by any other means.

Dr. Fothergill, Director of the Clinical Laboratory, Manchester Hospital, England, employed the unusually large resources of his clinic to determine how infantile diarrhœa could be satisfactorily treated. This authority reported (Medical Chronicle): "Petroleum emulsion was used in thirty-four cases. One child died. In the remaining cases recovery was rapid and complete. There was no derangement of the stomach, vomiting ceased almost before the diarrhœa was checked, and the stools soon recovered their normal color and consistency. The emulsion seemed also to favor recovery from the accompanying bronchial catarrh. These experiments seem to prove that infantile diarrhœa can be treated successfully without the use of opium or astringents."

It is for these reasons—inhibition of germ-life, sedative, healing action on ulcerated and inflamed intestinal mucous membrane, etc.—that Angier's petroleum emulsion has been so successfully employed in constitutional and intestinal affections associated with diarrhœa.

LAXATION IN CONSTIPATION.

By J. A. Rene, M.D.,
West Superior, Wis.

The successful treatment of constipation does not consist in simply momentarily relieving the overloaded intestinal organs, because some of the pathological conditions co-existing may persist even after this result has been obtained.

The fact that there is an intimate association between the intestinal and cerebral functions was early recognized by the ancients: a fact that shows the need of attending to the cerebral disturbances while

(Continued on Advertising Page 25.)

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correcting the pathological conditions of the gastro-intestinal tract.

The habitual use of purgatives is not to be encouraged, as it only increases the disability which they are intended to remove; and therefore it is essential that the treatment should be one aiming at permanent results as well as relief. And for that reason it is very often necessary to combine drugs that will not only relieve the constipation, but also cure the other pathological conditions which might have been the primary cause of the constipation, or have been brought about by the constipation itself.

Of late years many preparations have been placed at the disposition of physicians, and some of these preparations are certainly scientific combinations. Most of them contain such splendid remedies as belladonna, aloes, cascarin, etc., but of all the recent preparations which have come to my notice I have found the laxative antikamnia and quinine tablets to be the most efficacious in relieving cerebral disturbance, as well as curing the intestinal trouble.

A close study of this combination shows that it is a tonic-laxative, analgesic, and antipyretic, and its administration in certain cases is sure to be followed with excellent results. For instance, in the sequelæ of typho-malarial cachexia, when a gentle and safe laxative combined with an antiperiodic is required, I have found this preparation of the utmost value. The co-operative or synergetic properties of these ingredients will readily commend themselves to the profession.—Chicago Medical Times.

PALLIATIVE TREATMENT OF TUBERCULOSIS.

C. B. Tucker, M.D., of Brooklyn, N. Y., reports a case of pulmonary tuberculosis where he is using glyco-thymoline (Kress) by spray daily, year in and year out. "It loosens the cough and deodorizes."

D. P. Gilmer, M.D., of Louisville, Ky., states: "I have used glyco-thymoline (Kress) in numerous cases, and find it an unrivaled cleansing antiseptic. It has the therapeutic value in it to control and allay all catarrhal affections of the mucous membranes. I consider glyco-thymoline (Kress) a gem rarely found and of great price, and find it will do more than we claim for it; I always keep a good stock on hand. I am treating tuberculous lungs with glyco-thymoline (Kress) in the form of nebulization, and it is giving nice results; not as a specific, but as palliative treatment."

T. M. L. Chrystie, M.D., of New York City, writes: "A young lady of Nashville, with an obstinate cough, and of a tuberculous family, has, after two weeks' use of glyco-thymoline (Kress), been completely relieved without any other remedy."

THE THYROID TREATMENT.

There is perhaps no subject which has elicited more investigation as a therapeutic resource, in this period of general rapid advance in medicine, than the employment of the thyroid gland as a remedial agent. The thyroid treatment is specific in simple goitre, myxœdema, cretinism, and obesity; is of great value in congestion of the pelvic organs, menorrhagia, endometritis, and other gynæcological and obstetrical cases; while the reports made of its employment in lupus, psoriasis, scleroderma, ichthyosis, and other skin diseases of an intractable nature have been such as to warrant further experiment. Prostatic enlargement, melancholia, and mental disorders, especially those of the puerperal and climacteric periods, have been greatly benefited by it. Armour & Company, of Chicago, offer samples and literature to physicians sending their professional card.

THE "PAPYROS EBERS."

Believing that physicians, of all men, are most interested in the history of their art, the makers of hemaboloids are now prepared to present to their friends in the medical profession a fac-simile reproduc-

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A Scientific Blending of True Santal and Saw Palmetto in a Pleasant Aromatic Vehicle.

A Vitalizing Tonic to the Reproductive System.

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PROSTATIC TROUBLES OF OLD MEN—IRRITABLE BLADDER—
CYSTITIS—URETHRITIS—PRE-SENILITY.

DOSE:—One Teaspoonful Four Times a Day. OD CHEM. CO., NEW YORK.

tion of the beginning of the earliest medical treatise extant, together with transcription into hieroglyphics and translation of a portion of the text.

The famous "Papyros Ebers," which was written during the reign of the Egyptian king Bicheres, 3500 years ago, was discovered by the celebrated archæologist, Georg Ebers, in 1872, when an Arab brought him a metallic case containing a papyrus-roll enveloped in mummy-cloths, which he claimed had been discovered between the bones of a mummy in a tomb of the Theban Necropolis. A complete description of the papyros and its history is included in the reproduction, and is certainly extremely interesting to physicians and antiquarians generally. A copy will be forwarded by the Palisades Manufacturing Company, of Yonkers, N. Y., to any physician who may have failed to receive one.

Alum in Food.

There is before the Legislature of the State of New York a bill prohibiting the sale of baking-powders containing alum. There are similar bills before several other State Legislatures. One State at least, Missouri, already has a law prohibiting the manufacture or sale of alum baking-powder. A recent attempt to repeal this law failed.

Dr. William H. Thomson, President of the Academy of Medicine, said: "The use of alum baking-powders is very injurious. I am positive of this. It has a tendency especially to produce rickets."

Dr. Abraham Jacobi said: "Alum baking-powders are harmful. There is no doubt about it."

Dr. George F. Shrady said: "Alum used in food in any way is very deleterious. This is the opinion of the medical profession."

Dr. Louis F. Bishop, Secretary of the Academy of Medicine, said: "Bread made with alum baking-powder is almost certain to have alum in it, often considerable quantities. All admit that alum in food is injurious, and the best authorities state that bread made with alum is harmful, even if there is no alum left in the bread after baking, the residue of alum being itself injurious, or being reconstituted into alum in the stomach. Consequently, physicians generally believe that the manufacture and sale of alum baking-powder should be prohibited by law."

Dr. Ralph Waldo, the noted surgeon, said: "I think that alum baking-powder ought not to be used at all."

Dr. J. E. Winters, one of the foremost authorities in the country on children's diseases and Professor of Children's Diseases

(Continued on Advertising Page 28.)

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F. A. DAVIS COMPANY, Publishers, 1914-1916 Cherry Street, Philadelphia, Pa.

A TEXT-BOOK OF

DISEASES OF THE SKIN,

By JOHN V. SHOEMAKER, A.M., M.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia; Physician to the Philadelphia Hospital for Diseases of the Skin; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, of the American Academy of Medicine, and of the British Medical Association; Fellow of the Medical Society of London.

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"It is everything a text-book should be, concise, clear, exhaustive, and well illustrated."—*Nashville Journal of Medicine and Surgery.*

"This book has an advantage, for the general reader, over most works on diseases of the skin, in that the new dermatological technical words and phrases are dispensed with as much as possible. The treatment recommended is such as almost any practitioner may carry out."—*Journal of the American Medical Association.*

"The descriptions of the clinical features of the different diseases, their differential diagnosis, etiology, and pathology are clear, concise, and sufficiently complete. The therapeutical part of the book constitutes its distinctive and most noteworthy feature."—*Journal of Cutaneous and Genito-Urinary Diseases*

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D. APPLETON & CO., Publishers,

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in Cornell University, said: "If Professor Vaughan, of Ann Arbor, says that alum baking-powders are injurious, and I understand that he does, you need go no further. What he says is practically certain to be correct. He would not make such a statement unless he was sure of his ground. Alum is a powerful astringent. It is simply impossible to introduce it into the system by means of a staple article of food without doing harm. It would be sure to cause serious injury to the digestive organs, which in turn brings on various other diseases."

Prof. Charles F. Chandler, of the Columbia School of Mines, the great chemist, said: "This is a subject that has been much investigated and written about by chemists and hygienists. It is the general impression among chemists and hygienists that alum baking-powder should not be used. While a person in a 'brutal' state of health might eat bread made with alum baking-powder and experience no ill effect, yet those not in perfect health might be seriously injured by it. In doubtful cases the stomach should always have the benefit of the doubt. There is no object in using alum baking-powder. There are others cheap enough and entirely free from any suspicion of being harmful. For that reason I would never allow alum baking-powder used in my house."

Dr. Cyrus Edson, formerly of the Board of Health, said: "Alum has two effects. First, it renders the flour more difficult to digest, and, second, it has an injurious effect upon the stomach, as it diminishes the flow of gastric juice, the fluid which digests the food. There is no question that taking alum in bread, frequently and for a long time, even in very minute quantities, would prove very injurious."

A mass of testimony has appeared before the public recently going to show that adulteration, including the use in food of injurious drugs, and the sale of injurious articles to be used in food have assumed vast proportions, and there is not the slightest doubt that as a result millions of people suffer injury to their health, many of whom die in consequence. In many cases the government can furnish the best protection, and in some cases the only adequate protection, against these impositions. Unless each family employs a chemist and has each separate can, bottle, or package of food-material tested, it is impossible for them to know whether the food, or articles they buy to use in food, are wholesome or injurious, except in those cases where the brand or name of the manufacturer is a guarantee of purity.

That there is nothing more important to people than their health goes without saying; consequently, to prevent the sale of things injurious to health is among the most important duties of legislators as well as of judicial and executive officers.

The people should demand that efficient laws for the suppression of this evil be passed and that they be stringently enforced. It is to be hoped that the various State Legislatures will put upon the statute-books effective laws to this end.—New York Tribune.

Sanmetto a Necessary Factor and Adjuvant in the Treatment of Genito-Urinary Diseases.

I have used sanmetto in many cases of subacute and chronic cystitis, in chronic and acute prostatic troubles, in enuresis, vesico-seminal weakness, gleet, and many other genito-urinary difficulties, with uniform and gratifying success; and, because of the satisfaction sanmetto has given me in my practice, I am led to depart from my custom of writing no testimonials for any proprietary medicines, and say that I regard sanmetto as a necessary factor and adjuvant in the treatment of genito-urinary diseases. —James F. Miller, M.D., Member of American Institute of Homœopathy and Ohio State Homœopathic Medical Society, Bellevue, Ohio.

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THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XXIII. PHILADELPHIA, JULY, 1901. No. 7.

Clinical Lecture.

SEBORRHŒA.—ACNE.—ROSACEA.[1]

BY J. V. SHOEMAKER, A.M., M.D., LL.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

CASE I. SEBORRHŒA.

GENTLEMEN: Our first patient is a man, 30 years of age, whose scalp is dry and covered with scales. His hair is thin and, in fact, almost lost upon the vertex. The hair is also quite gray for one of his age, although his appearance would indicate that he was forty years of age, if not more. The patient states that he has had dandruff since boyhood. His parents had the same trouble. His hair has been falling out since his twenty-first year. His general health is said to be good. He is not aware of any derangement of the stomach or bowels. He is not constipated. He chews, smokes, and drinks. His eyebrows are in the same condition as his scalp. The sebaceous glands of the tip of the nose are patulous. This patient professes ignorance as regards the cause of the disease of the scalp.

One statement gives us a clue to the diagnosis. I refer to that concerning dandruff. What is popularly known by this name consists of altered and dried sebum, the product of the sebaceous glands of the skin, mixed with some normal epithelial scales, which, having fulfilled their span of life, have been exfoliated. The dried sebaceous matter has been secreted in excess by functionally disordered glands, has accumulated upon the surface, lost its water by evaporation, and is itself altered in character. Normal sebum is a semifluid secretion, which contains free fat, fat-cells, and epithelium. It contains about 40 per cent. of fatty matter and 13 per cent. of casein. Its function is to render the hair pliable and lustrous and it probably also contributes to their nutrition. It keeps the skin soft, moreover, and protects it against atmospheric changes.

The disease in which the sebaceous glands are functionally affected, and with which we have to do here, is known as seborrhœa, and is divided into two varieties. In one, of which the present case is a good example, the sebum dries upon the surface, constituting greasy crusts, which are of diagnostic significance. In the second variety the morbid secretion remains upon the surface as an oily smear. The first is called the dry and the second the oily form of the disease: seborrhœa sicca and seborrhœa oleosa. Both varieties may occur wherever there are sebaceous glands,—that is, practically nearly everywhere,—but each form predominates in certain localities. Thus, dry seborrhœa particularly prevails upon the scalp, and oily seborrhœa is most

[1] Delivered in the amphitheatre of the Medico-Chirurgical Hospital.

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common upon the face. The oily variety gives a disagreeable, unsightly, greasy aspect to the face, and, as it is by no means unusual among women, you may easily imagine the bitter mortification to which it gives rise.

The crusts of dry seborrhœa range in color from light yellow to dark brown. These may be rather closely adherent or loose. The hair, no longer receiving its full and appropriate nutriment, becomes dry and lustreless. The accumulation of crusts impedes the capillary circulation and additionally impairs the life of the hair. The consequence is a gradual, insidious thinning of that appendage and ultimately baldness. If the disease is allowed to pursue its course unchecked or if it is injudiciously treated, the result is permanent alopecia. You perceive, therefore, the importance of early and intelligent treatment. The patient before us has gone too long without proper care.

Seborrhœa is extremely common, and is the most usual cause of premature loss of hair. You are all aware, irrespective of any medical teaching whatever, of the frequent presence of dandruff. You are equally aware of the prevalence of baldness, especially among men. Women are not so frequently afflicted because of the more sedulous attention they pay to the condition of the scalp and partly to the anatomical fact that the integument in them is supported upon a thicker layer of cellular tissue, rich in vessels.

Seborrhœa is due to many causes, some of which are entirely local, but most of which reside in the constitution at large. Want of care or uncleanliness of the scalp, the use of pomades, dyes, and hair-powders, even the too frequent use of soap and water, may excite the disease. In most subjects, however, we find disturbance of the digestive apparatus, anæmia, or other constitutional impairment. In not a few instances it follows a fever.

The treatment of seborrhœa depends upon the cause. At all events it is highly desirable to rid the scalp of the greasy crusts. This is accomplished by the use of an oil, of which that of ergot is the best. If we can connect the disease of the scalp with any definite derangement of general function or with organic disorder of any of the internal organs we must endeavor to relieve or, if possible, remove those causes. The patient should be placed in the most favorable hygienic circumstances, his diet should be properly regulated, he should have abundance of sleep, his apartments should be sufficiently ventilated, he should have healthful exercise without fatigue. General tonics for the nervous system, chalybeates for the blood, alteratives in some instances, digestive ferments, and intestinal antiseptics when required are the classes of medicines which will be prescribed with the best advantage.

After the surface has been cleared of scales a somewhat stimulating application is usually of service. Carbolic acid, balsam of Peru, corrosive sublimate, naphthol, and resorcin are among the substances upon which we generally rely. Ointments are, as a rule, less desirable than lotions upon the scalp, as they mat the hairs together and do not always come into contact with the seat of disease. Of the agents above mentioned an average strength for the corrosive sublimate is 1 or 2 grains to the ounce of water; naphthol, from 3 to 5 grains; resorcin, 5 to 10 grains to the ounce of menstruum.

We cannot always accept implicitly the statements of patients regarding their general state of health. This man, for instance, asserts that he is in good condition, yet he betrays to the initiated eye evidences of functional incapacity brought on by the abuse of alcohol and tobacco. His complexion is not good, his tongue is coated, and upon close inquiry I find evidence of at least functional incapacity of the digestive organs. He stays out late at night, indulging in his pleasures; he does not sleep as well or as long as he should; and he has a poor appetite, especially for breakfast.

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These hurtful habits must certainly be corrected.

In the way of medicine he shall be given a pill composed of the following ingredients:—

℞ Antimonii et potassii tartratis, gr. $^1/_{20}$.
Extract. hydrastis, gr. $^1/_4$.
Extract. taraxaci, gr. j.
Calcii sulphidi, gr. $^1/_4$.

M. et ft. pil. No. j. Mitte tales No. xxx.

Sig.: One such pill to be taken four times daily.

This pill will improve the state of the secretions and invigorate the action of the liver. The amount of tartar emetic will be gradually increased until it produces some nausea, when the dose will be diminished or the remedy suspended for a time.

As a local application the man shall have:—

℞ Acidi borici, ʒj.
Hydrastinæ hydrochloratis, gr. v.
Lanolini, ʒss.
Unguent. aquæ rosæ, ʒss.

M. et ft. unguent.

The addition of the rose-water lessens the viscidity of the lanolin. When you order hydrastine hydrochlorate let me warn you to specify the colorless preparation, or otherwise you will have unpleasant experiences. I remember the case of a society lady for whom the colored preparation had been prescribed and who returned to her physician in a few days, full of wrath and consternation, exclaiming that she was ruined. Her face and hair were stained of a yellow hue. Beware of such oversights, gentlemen, or the doctor may be ruined as regards that patient.

Case II. Acne.

A machinist, aged 23 years, presents himself on account of pimples,—*i.e.*, papules,—upon the forehead and neck. The affected parts are rough to the touch, like a nutmeg-grater, as it has been pithily expressed. The lesions do not itch or burn. When I ask the man to remove his shirt, papules of the same aspect are seen to stud plentifully the shoulders and back. Intermingled with the papules you can also detect numerous black spots, or dots. The same condition is found upon the arms and breasts. The papules of the neck are situated quite closely together, but have been attended by no moisture. They have never watered or suppurated, according to the best of the patient's knowledge and belief. This statement needs qualification, however, since I find in this situation undoubted evidence of prior moisture. In other words, there is slight incrustation, and wherever you see crusts, gentlemen, you may be sure that there has formerly been moisture, for crusts are left after the evaporation of water. The eruption upon the neck differs in this important diagnostic feature from that upon the other parts of the body, as I shall hereafter again mention. The man admits having had gonorrhœa, but denies the syphilitic taint. He is, however, a chewer, a smoker, and a drinker. His tongue is large and flabby, indicative of an irritable mucous membrane. The apex-beat of the heart is violent. The man, in short, has lived too freely, has abused his digestive apparatus and nervous force. The functional irritability of the heart and the eruptions upon the integument are a slight penalty to what will be his fate unless he amends his evil courses.

The general eruption of dry papules interspersed with blackheads illustrates graphically other forms of disease to which the sebaceous glands are subject.

Comedones.—The black spots, blackheads,—or, as our British cousins quaintly term them, "blacks,"—are undoubtedly of familiar aspect to every man in the room. The spots represent the retention of sebaceous matter within the follicles. The discolored summit has generally been ascribed to particles of dirt deposited from the atmosphere and retained by the oleaginous material. Of late, however, Unna has dissented from this opinion, and argues that

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the color is due to pigment-granules. Technically they are known as comedones. They are frequently concomitant with seborrhœa and acne.

Acne.—Most of the lesions which exist upon this person's body are obviously of identical character. The color and consistency of the papules unerringly inform me that we have here to do with an inflammatory disease attended with exudation. These papules have been present for several months. Some may disappear, but others arise to take their places. In all cases of skin disease of any severity or duration we must first determine whether or not it be due to syphilis. Our patient denies ever having acquired syphilis, but, of course, his mere statement or even honest belief—and I think that in this matter he is honest—counts for but little. A strict objective examination, however, convinces me that herein he is, indeed, correct. The lesions lack the characteristic color and the polymorphous arrangement of secondary syphilis, while they are too diffuse and superficial for a tertiary manifestation. In one of the forms of eczema the lesions are principally papular, but they are more closely aggregated, are situated on an infiltrated base, and not separated by intervals of healthy skin, as in this case.

This is an example of the disease termed acne, which is an inflammatory affection involving the sebaceous glands. It is subdivided into several varieties according to the predominating lesion. Thus, we speak, as in the present instance, of papular acne; another well-marked form, and, in fact, the more common, is called pustular acne; there are hypertrophic, atrophic, indurated, and cachectic forms; and there is an artificial acne caused by the use of certain drugs, especially the iodides and bromides, by the action of some external irritant, etc.

Papular acne is the mildest form of the disease. The lesions are generally of a pale-red color, vary from the size of a pin's head to that of a pea, may be few in number or abundant, and frequently co-exist with the pustular form of the same disease and with comedones.

In acne there is retention of sebum within the glands and their outlets, with decomposition of the secretion and inflammation around the follicles. The disease attacks particularly young persons of both sexes, and, especially when of the pustular form and seated upon the face, is productive of sad disfigurement. It often arises at the age of puberty and, unless judiciously managed, persists for many years. Organic or functional disease of the digestive organs is often responsible for an outbreak of acne. Disorder of the genito-urinary system and scrofula also engender many cases.

Eczema. — I merely call your attention, in passing, to the co-existence of eczema with acne in this individual. The patch upon the neck, consisting of small, closely grouped papules, which produce the nutmeg-grater sensation, is an illustration of the papular form of eczema, and we have the opportunity, in this individual, of studying the characteristic and diagnostic distinctions of the two affections.

Tattoo-marks.—This individual alone might serve to fill the allotted hour, for, in addition to acne and eczema, he is also tattooed. Although tattooing in a rudimentary style is not uncommon and is sufficiently familiar to you all, yet in some of its more elaborate examples it is a sight to strike us with astonishment, and I have seen individuals marked in a really artistic style. However, our interest as physicians generally lies in the fact that many persons who have been tattooed in their earlier years will gladly pay large sums to have the marks removed after they may have raised themselves in the social and financial scales. I can to-day no more than allude to this matter.

The treatment of acne must be conducted upon the principles of general medicine in so far as its cause is concerned. We must keep the bowels soluble; we must encourage the digestive functions by the nature of the diet and by the use of such remedies

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as are adapted to the case under consideration. If dyspeptic difficulty is marked we must ascertain the character of the gastric secretions by means of test-meals and examination of the stomach-contents, and govern our treatment in accordance with the results. The vegetable bitters and nux vomica answer a useful purpose in many cases. A combination of bismuth, pepsin, and strychnine is valuable where there is hyperacidity of the stomach. If the subject of acne is scrofulous, he should receive the treatment suitable for that constitutional condition. Debilitated individuals are benefited by the mineral acids, phosphates, or hypophosphites. The union of small doses of sulphur and sodium bitartrate is of efficacy when the liver is sluggish in its action. In old cases dependent upon chronic gastric catarrh or associated with anæmia arsenic is a valuable remedy.

An excellent local agent is water, either plain or medicated with starch and borax, and as hot as can be borne. Mopped plentifully upon the surface several times a day for five minutes at a time it reduces vascular action and stimulates the absorbents. An ointment of the oleate of bismuth, lead, or zinc, with the addition sometimes of creasote or mercury and, if the parts need some stimulation, of 10 to 30 grains of betanaphthol to the ounce, is often followed by good results. In some cases lotions are preferable, and may advantageously consist of boric acid, borax, Goulard's extract, zinc carbonate, or hamamelis.

The man now in our presence needs to live on a good, substantial, digestible diet, without tea, coffee, sweetmeats, or condiments. He must abandon the use of tea, coffee, tobacco, and alcohol. Four times a day he shall take 3 grains of mercury with chalk: hydrargyrum cum cretâ. This preparation will place the mucous membrane of the alimentary canal in a more effective condition, and the improvement will be followed by a diminution of the papules. As a local application I shall order:—

℞ Hydrargyri ammoniati, gr. x.
Creasoti, *m*x.
Olei eucalypti, *m*x.
Camphoræ, gr. x.
Unguent. zinci oxidi benzoati, ℥j.
M. et ft. unguent.

ROSACEA.

CASE III. — This man is a weaver, 40 years of age, who has had for five years an eruption upon the face. His nose is abnormally red, and is enlarged. The skin is evidently thickened by infiltration. There are papules upon the man's cheeks and tubercles upon his forehead. In the affected regions the blood-vessels of the corium are very conspicuous. The patient is an excessive drinker, chiefly of beer. Every day of his life for the last twenty years he has consumed at least five or six pints of his favorite beverage, and in addition he has drunk to intoxication at frequent intervals. He does not use tobacco. His appetite is good, and he eats all kinds of food, but he is often troubled by flatulence, and has been habitually constipated for the last four or five years.

This is obviously a chronic inflammatory disease. You will observe that when I touch the surface the erythema momentarily disappears. As soon as the pressure is removed the color instantly surges back like a wave. To a wave we may aptly compare it, for the blood-stream rushes swiftly into the vessels when their calibre is restored. The skin is greasy and shiny as well as red, showing that the sebaceous glands are unduly active.

The course and duration of the affection, the color of the lesions, and the history of the case clearly distinguish it from syphilis. It is assuredly far different from an ordinary erythema. It is, in fact, that disease known as rosacea. It is almost exclusively confined to the face, and is more common among men of drinking habits, although females and temperate persons are by no means exempt. Rosacea is essentially a chronic malady, and is completed in three

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stages. Most cases terminate in the second stage of its progress. Its *stadia* are the congestive, the varicose, and the hypertrophic.

The present case represents the second stage. In the first period nothing is seen but a vivid redness. The color depends upon engorgement and dilatation of the blood-vessels. In the second stage the capillaries stand out distinctly as straight or tortuous red lines. The skin becomes thickened, papules and pustules form, and the sebaceous glands are implicated. In the third stage, in addition to the lesions already described, the subcutaneous connective tissue is hypertrophied; the whole nose becomes enlarged and lobulated. A very well-marked instance of this third and final stage was under my observation some years ago in the person of a man who was a total abstainer.

Chronic gastric catarrh with inactivity of the liver may give rise to rosacea independent of drink. In women it may be occasioned by disturbances of the sexual organs. It may be due, also, to the long-continued operation of local causes. It occurs, for instance, in bakers, cooks, and engineers from exposure of the face to the fire. It is met with also among those who have been accustomed to the use of cosmetics.

The treatment of rosacea depends upon the stage and cause of the disease. In the first period our object is to relieve the engorgement and irritation. The ointment of bismuth oleate often accomplishes this purpose. A dusting-powder of one of the bismuth or zinc preparations is usefully applied after the oleate has been employed. Similar substances are likewise prescribed either in the form of an ointment or as a lotion. In the second stage weak solutions of zinc chloride or caustic potassium, sulphur, the mercurials, witch-hazel, and collodion are among the agents more or less successfully employed. Massage and electricity are of value in all stages.

The internal treatment must be dictated by the general condition of the patient. In the case of the patient now before us it is very clear that he must abstain from malt and spirituous liquors. His habits of life must be regulated and entirely corrected. He must live upon a plain, simple diet, including meat, but no fish, tea, or coffee. Internally he shall take:—

℞ Extract. hydrastis fl.,
Tr. nucis vomicæ, of each, ℥ij.

M. Sig.: Twenty drops three times a day.

The galvanic and faradic currents shall be applied on alternate days. Electricity is the most efficacious remedy we possess in this disease.

Locally he shall have:—

℞ Acidi salicylici, ℥ss.
Hydrastin. hydrochlorat., gr. iij.
Unguent. zinci oxidi benzoati, ℥j.

M. et ft. unguent.

Before applying the ointment he shall be directed to use an abundance of hot water upon the face.

Case IV. — I bring before you this woman, who is 25 years of age, as a living example of the fact that rosacea attacks women and temperate people. She has been afflicted by this disease for nine years, and her face is extremely disfigured by the existence of a host of pustules. Some are as large as a hazel-nut, and involve the sebaceous glands. The surrounding capillaries stand out in bold lines. The affection is in the second stage. The patient has a loaded tongue and the symptoms of chronic gastric catarrh. Her bowels are constipated. We shall open the largest of these pustules by the bistoury and afterward apply static electricity. She shall also make use of an ointment composed of:—

℞ Acidi salicylici, gr. xx.
Chloral hydratis, gr. x.
Ung. aquæ rosæ,
Ung. zinci oxidi benz., of each, ℥ss.
—M.

She shall take internally:—

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℞ Ferri lactatis, gr. j.
Strychninæ sulphatis, gr. $^1/_{60}$.
Extract. belladonnæ, gr. $^1/_{10}$.
Podophyllotoxini, gr. $^1/_{10}$.
Pepsin. pur., gr. iij.
Ol. menthæ pip., *m* $^1/_{20}$.
M. et ft. in capsul. No. j.
Sig.: One such capsule night and morning.

Original Communications.

FURTHER EXPERIENCE WITH TANNIGEN.

By George A. Hewitt, M.D.,
PHILADELPHIA.

In the form of tannigen, tannic acid passes unchanged through the stomach, and is liberated in the intestinal canal. Owing to this fact of chemical composition, tannigen exerts a local antiseptic and astringent action upon the mucous membrane of the bowel without producing any deleterious influence upon the functions of the stomach. It should not be administered until an hour or two after food has been taken. It is incompatible with warm solutions, with which it forms a sticky mass. Tannigen is best given in powder or capsule, followed by a draught of cold water. The dose for adults is 5 to 10 grains, repeated several times during the day. The tannic acid is gradually absorbed by the bowel, and it is thought that a certain proportion reaches the large intestine.

Increasing experience has amply demonstrated the worth of tannigen in acute and chronic diarrhœa due to various causes, cholera morbus, and dysentery. In the diarrhœa of typhoid fever it has yielded good results. In illustration of the virtues of tannigen a number of cases, occurring since my last report, are here adduced:—

Case I. Infantile Diarrhœa. — A puny babe, 6 weeks old, was born in midsummer, and the season had been unusually hot during the entire period of its brief life. The mother was an exceedingly nervous, thin, and weakly young woman, poorly nourished, and physically unfit for the struggles entailed by lowly and narrow circumstances. Her breast-milk was deficient both in quantity and quality. Cows' milk had, from the first, been given to the babe in addition to the scanty nourishment which it derived from the breast. Finally its digestive powers failed; the stomach became disordered, and the bowels loose. This condition had been in existence for three days. No time could be lost. The hold upon life was feeble at its best. An initial dose of $^1/_2$ grain of tannigen was given, and repeated in half that amount at the end of each second hour until, happily, signs of improvement began to appear. The remedy was then continued in the same doses, but the intervals between administration were lengthened to the third hour. As the discharges lost the diarrhœal character and became less frequent the tannigen was gradually reduced. The stomach, which, at the inception of the disease, had been decidedly irritable, was not in the least disturbed by the drug. During the continuance of the case every practicable means was taken to promote the nutrition of the mother. It was found possible, when the babe's recovery seemed to be beyond doubt, to send the mother and child into the country for a week. This sojourn, short as it was, proved very beneficial to the health of both patients. They returned home with added strength, and had no further serious trouble during the remainder of the season.

Case II. Infantile Diarrhœa. — A babe, 14 weeks old, had been suffering for two days with profuse and watery discharges from the bowels. On the previous day vomiting had begun. The alvine evacuations retained a normal color. The child gave no evidence of pain, and there was no fever. The little patient was pallid, had lost flesh, and was very weak. It was partly bottle-fed. The mother endeavored to keep the nursing bottle perfectly clean, and

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thought that she succeeded, but the weather was very hot. This was another case with rather forbidding prospects. It was necessary to rely, to a certain extent, upon artificial feeding, but the cows' milk was itself of good quality. Injunctions were given, however, to redouble the vigilance in cleansing the bottle, the hours of feeding were strictly regulated, and tannigen was given in a beginning dose of 1 grain, repeated in two hours' time. The quantity was then decreased to $^1/_2$ grain, the interval being left unchanged.

At the end of twenty-four hours the number of evacuations had considerably lessened. For twelve hours longer the same doses were continued, and by that time the discharges were beginning to assume a more natural consistency. During a period of twenty-four hours thereafter $^1/_2$ grain of tannigen was administered regularly every fourth hour, and on three succeeding days three daily doses were given, after which no further medical treatment was required.

Case III. Infantile Diarrhœa.—An infant, 14 months of age, had had vomiting and diarrhœa for three days. There had been no fever or pain, but the child had lost strength and spirits. He had been a sturdy boy, his mother was healthy, and had a sufficient supply of breast-milk. The child still took the breast with avidity, though often vomiting immediately after he had nursed. He had lost his appetite for other food, of which he had been allowed to partake. To this indiscriminate custom of eating the attack was no doubt due, as it could not be attributed to excessive heat of the weather. The contents of the alimentary canal had been removed by Nature's efforts. All that remained to be done was to allay nausea and check diarrhœa. As the former symptom continued to be prominent, some bismuth subcarbonate and cerium oxalate were combined with the first doses of tannigen. After the stomach had been quieted the tannigen was given alone in 2-grain doses four times a day. After several days of the treatment the condition was much improved, although the child remained pale, listless, and fretful, and did not entirely recover its usual health for two weeks, the delay being caused, as was thought, by the eruption of the first lower right molar.

Case IV. Infantile Diarrhœa. — A feeble babe, 3 months of age, was attacked, upon a hot July day and without any other obvious cause than the heat, by a diarrhœa which rapidly grew worse. The child had been raised on the bottle, and had hitherto thrived well, or, at least, had not presented signs of actual illness. The passages were thin, watery, and extremely numerous. The child had not vomited, but had had some fever. There was utter prostration of strength. The outlook was decidedly gloomy. A combination of bismuth, cerium, and tannigen, however, the dose of the last named being 1 grain, succeeded in allaying the gastric irritability as well as diminishing the number of passages. When the stomach had become sufficiently settled to retain aliment, the associated remedies were abandoned and reliance placed exclusively upon the tannigen, gradually decreasing the doses and prolonging the intervals as improvement was manifest until at the end of a week medicine was no longer needed. The result was particularly satisfactory in this case, as it had threatened a fatal termination.

Case V. Subacute Gastric Catarrh. —A man, 28 years of age, was suddenly assailed, four days previously, without decided chill, but with some elevation of temperature, by nausea, vomiting, abdominal pain, and diarrhœa. The cause of the illness was exposure to cold while fatigued. The stools were frequent, liquid, and contained mucus. They were, however, of healthy color. On account of the distressing symptoms present a combination was prescribed of tannigen, 5 grains; powdered opium, $^1/_4$ grain; cerium oxalate, 1 grain; and powdered charcoal, 5 grains, given in two capsules, every two hours at first,

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the intervals subsequently lengthened to four hours, and finally to three times a day. As soon as the pain and vomiting were allayed, the opium and cerium were omitted from the combination. The charcoal was retained, as considerable flatulence persisted after the colic had been subdued. The severity of the symptoms was overcome in this case on the second day. By the expiration of a week the diarrhœa had vanished. The patient felt well, with the exception of a certain degree of weakness.

CASE VI. CHOLERA MORBUS. — A woman, 23 years of age, had been suffering all night from vomiting and retching, severe pain in the abdomen, and violent purging. The case was attributed to an injudicious regimen during the hot weather. The countenance was pale and anxious, the skin cold. A hypodermic injection of $^1/_4$ grain of morphine sulphate was immediately given, and by the mouth a mixture of 5 grains of bismuth subcarbonate and 10 grains of tannigen. This amount was divided into three capsules. The first dose was retained. At the end of an hour 5 grains of tannigen were given. This also being well borne, the same dose was thrice repeated at intervals of two hours, by which time vomiting had ceased, the pain was abated, and the diarrhœal passages were much less frequent. After three more such doses of tannigen had been given, with three hours intervening between each, the patient had recovered, could partake of simple nourishment, and had rallied in strength.

CASE VII. DIARRHŒA.—This was a case of acute intestinal indigestion, the result of a heated term. The patient, a woman, aged 32 years, of previous excellent health, had eaten rather a hearty dinner. A smart attack of diarrhœa followed, and had persisted for four days. The evacuations were numerous, and it was said that some blood had been passed; but this statement could not be verified. The appetite and the strength were comparatively well preserved notwithstanding the severity and duration of the symptoms. There had been neither tenesmus nor fever. Tannigen alone, with limitation of the diet, sufficed to cure this case. Two 10-grain doses were given at once; in an hour's time 5 grains were administered, the smaller dose being repeated three times at intervals of three hours, when, considerable diminution of the discharges having occurred, 5 grains were given every six hours until the alvine evacuations had decreased to the normal number.

CASE VIII. DIARRHŒA.—Another simple case was that of a woman, 38 years of age, who, in consequence of some indiscretion of diet, had been troubled by a diarrhœa for three days, of moderate severity, but which exhibited little tendency to abate. Ten grains of tannigen were given at first, followed thereafter every third hour by a 5-grain dose until the flux was restrained.

CASE IX. DIARRHŒA. — A woman, 50 years of age, had for three days suffered from flatulence, with abdominal pain, frequent large and liquid stools. The tongue was coated, the appetite was gone, and there was a bad taste in the mouth. The woman was treated in the same manner as the preceding patient, except that some pulv. carbonis ligni and pulv. ipecacuanhæ comp. were added to the tannigen.

CASE X. DIARRHŒA.—A man, aged 42 years, after a hearty dinner of richer foods than he was accustomed to consume, was seized with a profuse diarrhœa unaccompanied by pain. The discharges were numerous, abundant, watery, and caused, within thirty-six hours, decided debility. He was successfully treated in the same manner as Case VIII.

CASE XI. DIARRHŒA.—A robust man, 27 years of age, had for a week been afflicted by an abundant diarrhœa, accompanied by some nausea and vomiting. As a result of the drain his strength had been considerably impaired. Tannigen unaided sufficed to bring about a speedy recovery.

CASE XII. DIARRHŒA.—This case deserves a rather fuller mention by reason of

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the advanced age of the patient. Mrs. —— was 82 years old. Having descended from a hardy stock, her vigor had, until a few months ago, been remarkably preserved. She then unfortunately was attacked by bronchial catarrh, with an extremely troublesome cough. Her appetite declined and her sleep was seriously disturbed. Her heart became weak and irregular in its action. However, she rallied well in response to tonic and stimulant remedies, but hardly had she entirely recovered than she became the subject of an acute diarrhœa, attended by flatulence and colic.

Her heart, which had subsided into a normal rhythm, again became excitable and tumultuous. She was much enfeebled, although she would not go to bed. There was shortness of breath on exertion. Although neither her symptoms nor condition excited immediate alarm, yet, in view of her age, she was watched with some apprehension. For the diarrhœa the main reliance was tannigen. This efficient remedy was given in capsules, 5 grains at a dose, every two hours for a day, then every three hours for two days, when the same dose was continued thrice daily for two days. She had been ordered likewise a modicum of whisky to be taken each day. In the beginning a little opium was conjoined with the tannigen. By the end of the period outlined the diarrhœa was a thing of the past, her strength had augmented, and the cardiac movements, if not absolutely regular, yet displayed but little fluctuation. The tannigen was then abandoned, and after a few days more of observation the case was dismissed.

Case XIII. Diarrhœa.—Another case may here be briefly cited, chiefly in the way of contrast. The patient was a woman of 52, who had come from her country home to the city upon some sight-seeing and shopping expedition. She belonged not to the agricultural, but to the professional, class; was of delicate build and languid circulation. The weather was mild, but not oppressive, yet her unwonted exertions brought on an aggravation of dyspeptic trouble from which she suffered much of her time. Her bowels became disordered, and the constipation to which she was generally subject was replaced by a rather profuse diarrhœa. After a feeble attempt at resistance she took to her bed, where she remained for nearly two weeks before she had sufficiently recovered to journey to her home. Tannigen did not fail to arrest the diarrhœa, but there was so much reduction of vitality that it was difficult to regain her usual standard.

Case XIV. Diarrhœa.—A woman, 38 years of age, of rheumatic diathesis, whose bowels are, as a rule, extremely regular, is nevertheless the subject, at variable times, of acute indigestion, with nausea, flatulence, pain, and diarrhœa. Upon several such occasions the use of tannigen, in the manner indicated in some of the preceding histories, has afforded complete and speedy relief.

Case XV. Diarrhœa of Typhoid Fever.—A man, 25 years of age, went through a classical course of typhoid fever, characterized by an abundant diarrhœa, for which tannigen, in 5-grain doses, two or three times a day, when the movements exceeded three, proved an effectual restraint. By this agent the discharges were kept within a safe limit, and needless drain of vitality was prevented.

Case XVI. Diarrhœa of Typhoid Fever.—In the case of a woman, 27 years of age, the diarrhœa did not appear as early as usual in cases of the disease. Once established, however, it exhibited a tendency to excess. In order to obviate such an occurrence tannigen was given *pro re nata*.

Tannigen can be strongly recommended as a superior remedy in acute and chronic diarrhœa. In such cases, beyond doubt, much more is necessary than the administration of a single agent, however potent. It is incumbent upon the practitioner to trace each case to its cause and to appreciate the pathological changes which may be wrought. It is requisite, moreover, that

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the dietary should be revised, especially in chronic cases, in accordance with the state of the functional capacity. In infantile cases, dependent largely upon errors in the mode of feeding, it is essential that these faults should be corrected. The matter of infant-feeding is one of the most important with which the family physician is confronted, and is well worth a volume. The present intention has been to exemplify the efficiency of a remedy, the other features in the management of cases being taken for granted.

THE EXPRESSION OF THE EYE.[1]

By Prof. Giuseppe Albertotti,

Modena.

Before the Ophthalmological Section of the Thirteenth International Congress held at Paris I took part in the discussion of the session of August 8, 1900, relative to the expression of the eyes. I maintained that often the value of those organs was of but little moment, and that the expression of the countenance depends principally upon the attitude and movements of the features: the relaxation and contraction of the facial muscles. In fact, if one observes from the seats of a theatre by the aid of opera-glasses the eyes of an actor upon the stage one can see that their direction, vivacity, or even their language are not always in harmony with the subject of the play. When the actor, for example, motionless in face and form, represents sadness or supplication, it frequently happens that his eyes roam with indifference from side-scenes to pit or box. The artist, no doubt, is conscious of this inconsistency of gaze, but gives himself no concern because of his certainty, based on long experience, that the fact is unnoticed by the audience.

I alluded also to the paintings of Boccaccino, described by Panni and Lanzi. These works of art belong to the church of Saint Sigismund, near Cremona, and in most of the figures the value of the eyes is almost of no importance.[1]

"The two frescoes found in the presbytery are the work of Boccaccino (Camille). One represents Lazarus arising from the tomb in response to the miraculous power of the divine Redeemer. The canvas contains many figures. The coloring is vague. The figures express stupefaction at the sight of the great miracle, and a woman is on her knees, with outstretched arms, in an attitude of submission and prayer.

"The other picture delineates the adulteress led by the Pharisees to the feet of Christ in order to obtain a sentence of condemnation. As they receive no satisfaction, they retreat, some confused, others irritated. It is a very expressive and admired work.

"To the same artist are due the four columns which frame, so to speak, the frescoes, and one of which bears the inscription: 1537, July. Upon these one admires the beautiful cherubim, who, bearers of sacred objects, tiaras and mitres, soar in various attitudes, but are so graphic and joyous that one might almost believe them to be alive.

"At this point I must add a fact which has become notable, and which has obliged me to consult several writers in order to learn why Boccaccino depicted the eyes of his figures without pupils. One must know that that painter, a young man, spiritual, a little eccentric, but full of talent, had also the sublime faculty of giving so much grace and sweetness to the figures of his paintings that some of his jealous rivals pretended that so much beauty in his faces could only be due to the execution of the eyes, and not of other parts, but that if the pupils were omitted all the grace and beauty would be lost. Accordingly, in order to silence these cavilers, Boccaccino, without saying any-

[1] Translated for The Medical Bulletin from Recueil d'Ophtalmologie, May, 1901.

[1] "Exact Report of the Paintings Found in the Churches of the City and Suburbs of Cremona," by Antoine-Marie Panni, Painter and Architect of Cremona. Ricchini, 1762. Pp. xxiv and 214 in 8°. *Cf.* pp. 191-194.

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thing, took occasion, in these two pictures, of omitting the pupils.

"Nevertheless, their existence may be divined, and this fact proves that the grace and gentleness of faces is derived from the direction of the eyes, and not their color, whether that be white or black. It follows that it is scarcely necessary to concern one's self with the eyelids or other details, but with the much more important matters: either the correct proportion of the bones or other points taught by professors who understand the fundamental principles of such a complicated art. This method of painting imposes silence upon those critics who cause more confusion than profit by their senseless language. . . .

". . . The two side-pictures, one of which represents the 'Resurrection of Lazarus,' and the other the 'Judgment of the Adulteress,' are very celebrated at Cremona and elsewhere. They are ornamented by beautiful frescoes representing troops of cherubim, who look as if alive, holding mitres, censers, and other sacred instruments. In these paintings the faces are depicted and directed in such fashion that not a single eye can be perceived: an inimitable strangeness. Camille Boccaccino wished to demonstrate to his rivals by this plan that his figures pleased not alone by the vivacity of their eyes, as had been asserted, but also by all their other features. And, indeed, they charm by the excellence of their design, their noble and various postures, the truth of their coloring, together with an intensity of claro-obscuro which I believe is taken from Pordemone, and which lessens the effect of the adjacent paintings of Campi. If the artist had made a better choice of adult heads and put a little more order in his composition, he would have left nothing to be desired. . . ."[1]

The distinguished ophthalmologist, Dr. Richard Liebreich, whom I had the honor of visiting at his office in Paris during the Congress, testified to great interest in these pictures of Boccaccino, and I keenly regretted my inability to give him other illustrations than those which I vaguely remembered having read in the reports of Panni and Lanzi.

I returned to Italy with the intention of examining the above-mentioned paintings of Boccaccino and enabling myself to furnish further particulars to Dr. Liebreich, who is an admirer of paintings. I repaired to Saint Sigismund of Cremona on the 28th of last August. Thanks to favorable atmospheric conditions, I was able to examine the pictures and have them photographed.

The two frescoes are painted upon the vertical and parallels formed by the walls of the presbytery. The "Resurrection of Lazarus" is to the right, and is faced by the "Adulteress." They are abundantly lighted by the two great windows of the choir, which are directed toward the east. The paintings are quite well preserved, especially that upon the right side. That upon the left is somewhat spoiled in its central part by the dampness of the wall.

In all the faces of the two paintings the eyes are drawn, at least in part, but cast down in such a manner that it is needless to give them visible pupils. In the execution of the "Adulteress" all the personages are looking at the woman as she ascends the steps of the portico and, consequently, the lowered upper lids hide the pupil. In the other composition Lazarus and the old man who, with hands joined, appears behind the arm of Lazarus, are the only figures in which one can immediately observe that the eyeball is not covered by the lid.

Both frescoes are praiseworthy, because their design is pure, and reveals a profound study of classical models.

[1] "History of Italian Painting," by Abbé Louis Lanzi, Antiquary, I.E.R., Florence, Sixth Edition, Volume iv. Milan: G. Silvestré, MDCCCXXIII. *Cf.* p. 139.

Dr. Kirmisson.—Dr. Kirmisson has been appointed Professor of Surgery of Children in the Medical School of Paris.

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Abstracts.

Lupus of the Mucous Membrane of the Upper Air-passages.

In a paper upon the above subject Dr. Eugène Félix says that lupus of the mucous membranes may exist in the absence of any lesion of the skin. It may only make its appearance at a certain time after the disease of the skin has been cured. Primary lupus of the mucous membrane of the nose is mentioned by many writers. Primary lupus of the pharynx is more rare than of the nose. The larynx may also be—though more rarely than either the nose or the pharynx—the point of departure for lupus. Such cases principally occur between the fourteenth and twenty-fourth year of life. Women are more often attacked than men. The subjective symptoms caused by lupus of the upper air-passages are trifling even when the disease is far advanced. The anterior part of the nasal septum is one of the seats of election of this form of tuberculosis. The commencement of nasal lupus is insidious, and is characterized by symptoms of chronic coryza. Raulin distinguishes three forms of lupus of the nose: The hypertrophic, or vegetating; the ulcerative; and the sclerous forms, the first being the most prevalent. Simonin and other authors have observed pseudopolypous lupus. The lupus nodule is very obstinate. A group of nodules may remain intact for a long period, and only begin to disappear under the influence of treatment.

Secondary lupus of the pharynx is rarely confined to that region. Lesions are generally encountered at the same time in the mouth, nose, and larynx. Most frequently it is situated upon the veil of the palate and uvula. Less often the posterior wall of the pharynx is invaded.

Primary lupus of the naso-pharynx is exceptional. It is easily identified when there are cutaneous lesions, although it is sometimes difficult to distinguish from syphilis. The differential diagnosis between lupus, leprosy, and cancer is rather difficult. The treatment should be, above all, surgical.

The author relates the particulars of twelve cases.—Revue Hebdomadaire de Laryngologie, etc.

Disorders of the Larynx During Pregnancy.

Dr. Przedborski writes that among laryngeal troubles which he has witnessed during the course of pregnancy and under its direct influence some are of nervous character, such as paralysis of both thyroarytenoid muscles, of the right dilator of the glottis, and in two cases a complete recurrent paralysis. Of inflammatory conditions, pregnancy gave rise to 4 cases of hæmorrhagic laryngitis; to 2 cases of subglottic laryngitis; 2 cases of laryngo-tracheal ozæna; and in 1 case it favored the formation of a mucous polyp upon the vocal cord. In one patient the occurrence of pregnancy promoted the development of laryngeal tuberculosis, soon followed by involvement of the lungs. The progress of laryngeal troubles during pregnancy is slow. As these disorders are generally only caused by special conditions due to pregnancy, they cannot disappear until the expiration of that term. Subglottic laryngitis and tracheal ozæna have always a rather violent course. As these diseases occasion stricture of the glottis, one must always be ready to perform tracheotomy, and must watch over the patients with the greatest attention. Hæmorrhagic laryngitis, although it may sometimes raise a suspicion of tuberculosis, need cause no disquiet. Laryngo-pulmonary tuberculosis, on the contrary, exerts a very unfavorable influence on the last months of pregnancy. The progressive carbonic-acid intoxication often provokes an abortion. The progress of the nervous maladies, in so far as they are exempt from the danger of asphyxia, is generally favorable. There is very little to say as regards the treatment of the laryngeal affections of pregnancy, except that it would be well, in certain cases

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of laryngeal tuberculosis, to produce premature delivery in order to avoid poisoning by carbonic acid. If this intervention is not permitted, the same end may be obtained by tracheotomy.—Revue Hebdomadaire de Laryngologie, etc.

Phlegmonous Lingual Tonsillitis.

Dr. Joncheray has described an interesting case of phlegmonous inflammation of the lingual tonsil without any other involvement of the surrounding territory than a slight anterior epiglottitis. The patient was a woman 46 years of age.

The case began with intense fever and moderate soreness of the throat, at first upon both sides, but soon becoming localized to the left side of the pharyngo-larynx. The tongue was clammy and its base immovable. Its tip could be moved from side to side, lowered, and raised. It was, however, impossible to protrude the organ. The floor of the mouth was neither swollen nor painful. There was decided pain on touch at a spot corresponding to the left great cornu of the hyoid bone. This pain radiated to the corresponding ear. By aid of the mirror Joncheray detected a considerable swelling of the left lobe of the lingual tonsil. Its surface was of a wine-red color, upon which were seated from seven to ten points, of a yellowish hue, round, veritable points of suppurative folliculitis. When the crown of the swelling was removed, a purulent crater was exposed, which healed rapidly after it had been drained and aseptically cleansed.—Revue Hebdomadaire de Laryngologie, etc.

Total Extirpation of the Bladder and Genital Organs.

M. Hogge had occasion to examine a man attacked by acute retention of urine, later by very frequent hæmorrhages from the bladder, continual desire to pass urine, and difficulty in the act. M. Hogge made the diagnosis of tumor of the bladder, all the more surely because neoplastic fragments were passed and by use of the urethral endoscope filaments of the growth could be seen in the prostatic urethra.

A first operation, in 1897, by suprapubic section, consisted in the removal, as complete as possible, of a papilloma situated in the vicinity of the neck and the ureters. It was not possible to practice a thorough intervention with ligature of the pedicle and partial resection of the bladder. The patient recovered from the operation with an hypogastric fistula, and was obliged to wash out the bladder regularly; but the tumor returned. In January of 1898 M. Hogge proceeded, with the assistance of Professor von Winiwarter, to the total extirpation of the genito-urinary organs. The resection included the prostate and seminal vesicles, the penis and testicles, which had become "useless ornaments," the patient consenting to their removal.

In performing the operation M. Hogge had recourse to symphysiotomy, and implanted the ureters in the antero-lateral walls of the rectum. It was hoped that the urine might escape by these channels, but, one after another, the ureters separated from the rectum, and the fluid drained off by the perineum. The patient wore an India-rubber apparatus such as is used by women who suffer from incontinence, and the flow gave him but little trouble. At the time of the report his condition was tolerably good.

The experience of this operation teaches that it is infinitely preferable to suture the ureters directly to the perineum than to connect them with the rectum.—La Tribune Médicale.

The Chronic Purpura of Angiosclerosis.

At a meeting of the Medical Society of the Hospitals M. Gaucher said that he had already described a variety of chronic purpura of the lower limbs characterized by large brownish patches and small spots of the same color occupying the periphery of the patches. He had recently observed a

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generalization of this purpura upon the entire body. It would be inexact to attribute this variety of purpura to arteriosclerosis or phlebosclerosis; the capillaries are also involved, and there may be lesions of all the circulatory apparatus. It is preferable to call this form of hæmorrhagic effusion chronic purpura of angiosclerosis. — La Tribune Médicale.

Anterior Poliomyelitis of Puerperal Origin.

At a meeting of the Society of Psychiatry and Neurology of Berlin Dr. Gumpertz related the following history: A tuberculous woman, 24 years of age, was confined September 23, 1900. Eight days previously she had noticed that her hands were unskillful, and three days after confinement she had several attacks of eclampsia. There was, however, no albumin in the urine. The paresis of the hands increased. When Gumpertz saw the patient a month later he found the following condition: The extensors of the fingers were atrophied in both hands. Several of the tendinous sheaths were swollen. The third and fourth were thickened. The thenar eminences of both sides, but principally of the right, were atrophied. The thumb was drawn toward the index finger. Extension of the hands, and even forced extension, was possible. Extension of the phalanges was not possible. Separation of the fingers and extension of the last two phalanges were well performed, as was also adduction of the little finger. The triceps, supinators, and other muscles innervated by the brachial plexus acted normally. Faradic irritation failed in the triceps, supinators, and extensor of the thumb. Spontaneous pain in any appreciable degree had never been present. The swollen sheaths of the tendons were sensitive to pressure.

In the opinion of the speaker, the localization of the paralytic manifestations was opposed to the idea of a polyneuritis. It was rather denotive of poliomyelitis. He conceived that the disposition of the arteries of the anterior cornua is such that their obliteration by an embolus may easily occur. The patient, moreover, was tuberculous, and in these conditions, especially in the puerperal state, an embolus may be produced and may provoke, at the same time, an attack of eclampsia such as the patient presented.—La Tribune Médicale.

Optic Neuritis in Chlorosis.

M. P. Muntendam reports the case cited by Engelhardt, in which the course of the disease excited the suspicion of cerebral tumor. The patient was a young girl, 18 years of age, in whom was found, a year after her sight had commenced to fail, the papillitis of stasis, with contracted arteries, swollen and tortuous veins, and hæmorrhages around the papilla. In the right eye there was a white, star-shaped figure in the region of the macula; there was nothing in the left. The urine contained neither sugar nor albumin. Upon examining the blood the red corpuscles were found to be diminished. The number of the white corpuscles was not augmented. There was anosmia from the beginning, with progressive loss of strength in the right arm; the patellar reflex of the right side was weak, but strong upon the left. There was violent headache with epileptic attacks. Anæsthesia prevailed on the right half of the body, and the right arm was paralyzed. Divergent strabismus was present, with alteration of the conjugate movements upon the left side. The optic nerves were atrophied after a period of amelioration. Hemiplegia and hemianæsthesia of the right side followed. There were progressive somnolence, emaciation, incontinence of urine and fæces, and, finally, death. At the autopsy there was found simply anæmia of the brain and its membranes, with very slight cerebral œdema. Engelhardt looks upon the symptoms as hysterical. Death was from inanition.

The author reviews the literature of in-

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flammation of the optic nerve associated with chlorosis. He analyzes the cases of Bitsch, Souers, Herichel, Mackenzie, and others. Authors are not in accord as to the relations which exist between these lesions and chlorosis. They have been variously attributed to vascular tension, hæmorrhage, augmentation of intracranial pressure by hæmorrhage into the meninges, intoxication by chemical substances or abnormal products of cellular activities, and intoxication of the organism. None of these explanations is completely satisfactory.

Ballaban ascribes the alterations of the papilla to thrombosis of the central vein. Venous thrombosis is frequent in chlorosis, and it is, consequently, possible that the neuritis and retinitis of chlorosis have their origin in thrombi. — Recueil d'Ophtalmologie.

Hysterical Blindness.

MM. Cruchet and Aubaret exhibited, to the Society of Medicine and Surgery of Bordeaux, a girl, 12 1/2 years of age, attacked by hemianæsthesia and hemiparesis of the left side, who, in May of 1900, five days after the appearance of her first menses, suddenly became blind. The blindness was accompanied by cerebral symptoms which at first raised the thought of meningitis, but which rapidly disappeared. On the fifth day the patient abruptly regained vision and was able to recognize a red object. Fifteen days subsequently came a second attack of blindness, without cerebral symptoms, and this also disappeared on the fourth day. Examination of the eyes on the day after the child had regained her sight gave no definite observation except that there was diminution of visual acuity. Soon afterward there was another attack. An examination at this time showed that the pupils reacted very well to light. There was no lesion of the fundus of the eye. Since that time the patient has been stricken six times. Later examinations have confirmed the earlier results, and revealed a certain number of facts: alterations of micropsia and macropsia of the left side, an alteration of vision for colors, and absence of binocular vision. "All these manifestations are probably due to hypoæsthesia of the retina."—Le Bulletin Médical.

Neuralgia and Latent Aneurisms.

At a meeting of the Academy of Medicine M. Huchard said that in the beginning aneurisms, especially those of the descending thoracic and the abdominal aorta, are often mistaken for simple neuralgia, lumbago, or rheumatism. An early diagnosis is of the utmost value, since it permits the prompt adoption of a line of treatment not infrequently curative by means of repose, a diet of milk and vegetables, and administration of the iodide. This fact is demonstrated by a recent case in which M. Huchard showed that the clinical symptom of pain enabled him to detect a latent aneurism of the aorta, revealed afterward by radioscopy, and to institute a special treatment, the result of which was the disappearance of the intolerable pain, which had persisted for eighteen months, and the diminution of the size of the aneurismal sac, as a second radioscopy proved. M. Huchard recalled also many cases of his own and others recorded in medical literature in which the pain, if closely analyzed and studied in all its special characters, revealed the presence of a previously latent aneurism.

M. Fournier insisted on the practical importance of these facts. In one case the specific treatment brought about a cure of an atrocious brachial neuralgia. Three years later an aortic aneurism supervened. This also was cured by specific treatment employed from the commencement. These he regards as cases of periaortitis rather than of true aneurism. — Le Progrès Médical.

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Therapeutic Notes.

Calcium Chloride in Treatment of Menorrhagia and Typhoid Enterorrhagia.

The coagulating properties of calcium chloride have been utilized by a French *confrère* as a prophylactic measure against menorrhagia, in the cases in which the menstruation is painless, but the flow excessive. He prescribes for a week before the expected period two tablespoonfuls a day of the following:—

℞ Calcii chloridi, ʒiiss.
Syrupi, ʒxv.
Aquæ, ℥vj.

M. Sig.: Two tablespoonfuls a day.

This treatment, repeated each month for two or three times, has always cured the pathological excess of the menstrual flow. Nephritis is a contra-indication.

The enterorrhagia in typhoid fever is also favorably affected by calcium chloride. Mathieu reports eight cases successfully treated by an injection, once or twice a day, of a litre of water at 48° C. containing 4 grammes of calcium chloride, supplemented by 2 grammes administered by the mouth in an aqueous solution during the day, and measures to immobilize the intestines. These hot injections clear the intestines of extravasated blood, and thus suppress a new source of intoxication and fever.—Journal of the American Medical Association.

Sodium Bicarbonate in the Vomiting of Pregnancy.

Monin has been struck by the resemblance which the symptoms presented by certain pregnant women bear to those of hypersecretion. Gastric pain, heart-burn, acidity, nausea, and vomiting, occurring especially in the morning and relieved by taking food, are all symptoms commonly observed both in hypersecretion and during pregnancy. Monin believes that in both conditions the stomach, instead of excreting only at the digestive periods, does so more or less continuously, although Kaltenbach and Jaffé state in the pregnant cases no excess of hydrochloric acid is present in the gastric juice as in hypersecretion. Satisfactory results have been obtained in the case of pregnant women by administering daily five doses of sodium bicarbonate, each consisting of 2 grammes given in a capsule.—British Medical Journal.

Soda Compresses in Suppuration.

G. E. Vladimiroff states that he has obtained splendid results from the use of soda compresses in diverse suppurative processes. He has employed it in several cases, included among which there were burns of the second degree, burns of the third degree, suppurating processes, contused and incised wounds, and suppurating lymphatic glands. He employed it as follows: 1. A layer of gauze, saturated with a 2-per-cent. solution of soda, was applied. This was covered with a piece of oil-cloth, cotton, and a bandage. The compress was changed two or three times in twenty-four hours. 2. The gauze next to the body was not saturated, but kept wet with the soda solution by pouring on the solution three or four times daily. 3. Several layers of gauze saturated in soda solution were placed over the suppurating surface; these were covered by a thick layer of boric-acid-and-camphor salve, then a piece of oil-silk, cotton, and bandage. Such a compress remained moist one or two days.—Journal of the American Medical Association.

Emulsion of Castor-oil and Santonin.

℞ Santonin, gr. xij.
Castor-oil, ℥iss.
Syrup of Tolu, ℥iss.
Mucilage of acacia, ℥iij.

This rubbed well into an emulsion is most agreeable to the palate, and children will take it without trouble. It is best given in doses of a tablespoonful every four

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hours. — Dr. Robert C. Kenner, of Louisville, Ky., in the Medical Summary.

A Mixture for Neurasthenia.

Flesch recommends the following formula:—

℞ Iron and quinine citrate, 38 grains.
Strychnine nitrate, 1 1/8 grains.
Fluid extract of kola,
Sodium glycerophosphate, of each, 6 drachms.
Syrup of orange, 6 ounces.

Dissolve the other ingredients in the syrup of orange with the aid of a gentle heat.

Sig.: A coffeespoonful three times a day, after meals.—New York Medical Journal.

Colloidal Silver.

Dr. P. Viett, of Horneburg, Germany, has employed argentum colloidale in many cases, and concludes that it has the same importance in septic infections that antitoxin has in diphtheria. He employed the unguentum Credé, using one inunction of 3 grammes (45 grains) once daily at first. But finding that there were no by-effects, that no argyria occurred, he increased the dose to 6, 9, or more grammes (1 1/2 to 2 1/4 drachms) daily in severe cases. He also gave the silver internally in many instances.

℞ Argent. colloid., 30 grains.
Albuminis, 5 drachms.
Aq. dest., 6 ounces.

M. Sig.: A tablespoonful every two hours.

Viett records a number of cases of phlegmon, lymphangitis, and lymphadenitis. Large doses, such as 12 grammes (3 drachms) of unguentum Credé in twelve hours gave brilliant results in an astonishingly short space of time. Viett employed the ointment in one case of pneumonia, 3 grammes (45 grains) being daily inuncted into the chest; recovery was very rapid, and the case was the only one in which he saw a typical lysis occur. A very severe case of diphtheria and two of scarlet fever ran very favorable courses under the treatment. Diphtheria is often a mixed infection, and the author expresses his belief that antitoxin should be employed for the diphtheria bacilli and colloidal silver for the streptococci. In two cases of severe appendicitis, non-operative, a rapid cure was effected by the employment of the ointment. Several cases of septicæmia and pyæmia were treated by the same method. Finally, the author employed the treatment in three cases of puerperal fever very effectively. He therefore believes that it should be used in every case.

Syphilis.

Progrès Médical ascribes the following to Debove and Gourin:—

℞ Mercury sozoiodolate, 12 grains.
Potassium iodide, 24 grains.
Distilled water, 150 minims.

M. One hypodermic injection daily (1 cubic centimetre, about 15 drops, equals 1 1/5 grains of the mercury salt).—New York Medical Journal.

Caffeine in the Treatment of Whooping-cough.

The Agenda-médical gives the following formula:—

℞ Caffeine valerianate, 3 parts.
Brandy, 40 parts.
Syrup of coffee, 500 parts.

M. From a coffeespoonful to a tablespoonful, according to the patient's age, is to be given morning and evening.—New York Medical Journal.

Antiseptic Castor-oil.

According to M. F. Blonsky, the addition of 15 grains each of resorcin and benzonaphthol (half the quantity for children from 5 to 12 years of age) to an ordinary purgative dose of castor-oil is the most

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efficient antiseptic to the digestive tract. The resorcin acts upon the stomach and the benzonaphthol upon the bowel.—Le Bulletin Médical.

Local Application of Turpentine in Neuritis.

Mircoli strongly recommends the local application of turpentine in neuritis resulting from exposure to cold, and in sciatica especially. He recommends the following:—

℞ Terebinthinæ (Venetian), ℥j.

Dissolve in

Olei terebinthinæ, ♏ij.
Olei olivæ, ℥iss.

M. Sig.: Apply locally once or twice daily with friction. The resin remaining will exert a continuous action upon the skin after each application. — Journal of the American Medical Association.

Chloralamid.

Clevenger, of Chicago, esteems chloralamid as an hypnotic, and recommends it especially in heart disease. He cites the following formulæ:—

℞ Chloralamid, ℥ij.
Spirit. vini gallici, f℥j.
Syrup. rubi idæi, f℥j.

M. Sig.: Half-teaspoonful at a dose.

Lettow's prescription for an enema is:—

℞ Chloralamid, gr. xlv.
Acid. hydrochlor., *m*ij.
Alcohol., *m*xv.
Aquæ destillat., f℥iij.

A solution made with 12 grains in 2 ½ drachms of water may be used hypodermically when such disorders as rectal carcinoma deprive a patient of sleep.—Medical Review of Reviews.

Indigestion.

Dr. J. M. G. Carter, of Waukegan, Ill., states that where there is interference with digestion resulting from an hypersensitive condition of the mucous membrane of the stomach, with a tendency to fermentation of the carbonaceous foods, he employs the following prescription:—

℞ Acidi carbol., gtt. vj.
Tinct. gelsemii (U. S. P.),
Glycerini,
Vini colchici, of each, ℥ss.
Tinct. opii camph., ℥iss.
Elix. simplicis, ℥j.

M. Sig.: One teaspoonful before each meal and at bed-time.—Journal of the American Medical Association.

Gastric Catarrh.

Dr. M. G. Price, of Mosheim, Tenn., recommends, in the Medical Summary:—

℞ Tr. nucis vom., ℥ss.
Tr. physostigma, ℥ss.
Acid. hyd. chlor. dil., ♏ij.
Pepsin. sacch., ♏iij.
Aquæ, q. s. ad ℥iv.

M. Sig.: Teaspoonful after meals.

Whooping-cough.

Naegeli uses the following formula:—

℞ Powdered cochineal, ¾-3 grains.
Ammonium carbonate, 15-30 grains.
Syrup of bitter-orange peel, 2 ounces.
Distilled water, 10 ounces.

M. Sig.: A coffeespoonful every two hours.—New York Medical Journal.

Tonsillitis.

Dr. George L. Richards, of Fall River, Mass., says, in the International Journal of Surgery, that a tablet containing

℞ Tinct. aconite, 1/5 minim;
Red iodide of mercury, 1/100 grain;
Tinct. bellad., 1/10 minim;
Tinct. bryony, 1/10 minim,

is of great use in the early stages of acute affections.

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Palatable Effervescent Quinine.

The Journal of Tropical Medicine quotes the following:—

℞ Quinine sulphate, 1 drachm.
Citric acid, 2 1/2 drachms.
Syrup of orange-peel, 15 minims.
Syrup, 15 minims.
Distilled water, enough to make 5 drachms.

M. Ten or 20 drops to be added to 2 ounces of water containing 5 or 6 grains of sodium bicarbonate. Ten drops of the mixture contains about 1 grain of quinine. —New York Medical Journal.

Catarrhal Aphonia.

℞ Sodium benzoate, 90 grains.
Alcoholate of aconite-root, 20 drops.
Cherry-laurel water, 45 minims.
Syrup of Tolu,
Syrup of codeine, of each, 450 grains.
Water, 900 minims.

M. To be taken in four equally divided doses in the twenty-four hours. A dry compress of cotton, retained with a flannel bandage, should be applied to the throat during the night. — New York Medical Journal.

Neuralgia.

Dr. S. Solis-Cohen recommends, in Merck's Archives:—

For neuralgic headache and intercostal neuralgia:—

℞ Oil of gaultheria,
Guaiacol, of each, 20 minims.
Camphor,
Menthol, of each, 15 grains.
Oil of cloves, 5 minims.
Glycerin,
Petrolatum,
Cerate,
Wool-fat, of each, 1 drachm.

A small quantity to be well rubbed in over seat of pain.

This formula has given much relief in a case of painful finger-joints due to chronic gout. Much larger quantities of the active ingredients—up to saturation, indeed—may be used.

Resolvent for Tuberculous Glands.

℞ Tinct. of iodine, 5 minims.
Magnesium sulphate, 1 drachm.
Sodium chloride, 160 grains.
Distilled water, 10 drachms.

To be applied on compresses.—Merck's Archives.

Vaginitis.

℞ Resorcin, gr. lxxx.
Acidi salicylici, gr. viij.
Betanaphtholi, gr. j.
Aquæ, q. s. ad ℥viij.

M. Sig.: Add one tablespoonful to a quart of warm water and use as a douche.—Journal of the American Medical Association.

Anæmia.

In chronic anæmia, and especially in those cases that are marked by mental depression, opium has proved to be an almost invaluable adjuvant. A formula that has done excellent service is:—

℞ Codeine phosphate, 10 grains.
Elixir of pepsin, 1 1/2 ounces.
Fennel-water, to make 4 ounces.

One teaspoonful three times daily.—Adolfo Luria, M.D., Chicago, Merck's Archives.

Expectorant Mixture.

℞ Oil of tar, 1 drachm.
Fluid extract of horehound, 2 drachms.
Oil of anise, 2 minims.
Jamaica rum, 4 ounces.
Honey, q. s. ad 8 ounces.

Dose: From one-half to one teaspoonful. —Pacific Medical Journal.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
F. A. DAVIS COMPANY, Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, July, 1901.

THE AMERICAN MEDICAL ASSOCIATION.

THE years glide swiftly by, another has come and gone, has been added to history, and the American Medical Association has again met in conclave. The meeting at St. Paul was largely attended, and was a successful, interesting, and instructive occasion. St. Paul is an attractive city; the local profession is well organized and highly cultured. There is an abundance of accommodation in the "Twin Cities," and their hospitality is unbounded. The surrounding country presents natural beauty and important associations. The members received a royal welcome, and everything was done to make their sojourn full of enjoyment as well as of profit.

The president, Dr. Charles A. L. Reed, of Cincinnati, delivered a thoughtful and suggestive address upon matters concerning the association in particular and the profession in general. In opening he referred to the almost simultaneous deaths of three former presidents of the association, and expressed the hope, in which all, we are sure, will join, that steps may be taken to procure suitable portraits of these and of other deceased presidents of the association, to be placed in some safe gallery until such time as the association may be able to transfer them to its own Temple of Fame. The speaker next alluded to the close relations which bound the American Medical Association to the International Medical Congress, the Dominion Medical Association of Canada, the Mexican National Association, and the Pan-American Medical Congress, to all of which bodies delegates had been sent. As regards the Canadian profession especially, speaking the same language, he indulged the hope that, while maintaining the national limitations of our association for delegate and legislative purposes, its membership, with the privilege of participating in all scientific matters, may be freely opened to our *confrères* who dwell across the border.

The affairs of the association, as indicated by the consolidated report of the treasurer and of the board of trustees, are in a satisfactory condition. There is a considerable balance in the treasury, and the Journal is highly prosperous. These good results are largely due to the fact that the board of trustees has procured articles of incorporation. The speaker was of the opinion that a sufficiently large reserve should be held in hand to meet possible contingencies, and that the question of establishing and defraying the expenses of certain commissions for special scientific investigators should be taken under serious consideration.

In reference to congressional and State legislative affairs Dr. Reed urged the necessity for more thorough organization in protecting the interest of the profession and the interests of society as represented through the profession. The inefficiency of the present organization is shown by the inability of the committee to prevent the degradation of the army medical service. He justly claimed that "the law which fails to give to armies, either in peace or in war, the fullest protection by the application of the latest scientific developments at the hands of specially trained medical men is unjust to the soldier, to society, and to the medical profession."

The president passed in review the efforts which at first had been voluntarily made to regulate medical practice and the succeeding era of effective legislative control of medical practice. He alluded also to the work of the committee on reorganization of the association.

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The oration in medicine was delivered by Dr. N. S. Davis, Jr., of Chicago, who chose for his theme "Internal Medicine in the Nineteenth Century." The speaker presented a very interesting historical review. As an apt illustration of the condition of medicine at the opening of the nineteenth century he referred to Cullen's "Practice of Physic," the standard text-book, which had been written late in the preceding century. In that influential work there is no description of structural diseases of the heart; even as a complication of rheumatism heart disease is not mentioned. A single page is devoted to nephritis, but nothing is said of the chemical and microscopical changes in the urine upon which we now depend to recognize the disease and its varieties. It was to improvements in the mechanism of the microscope that much of the wonderful progress of the century was due. This instrument has made histology, embryology, modern pathology, and bacteriology possible. Hygiene as a separate department of medicine, with a literature of its own, was created only in the century recently ended. A very interesting portion of Dr. Davis's address related to the improved mortality-rates of the present period. In all the chief cities of the world the death-rate has fallen in a remarkable degree. This is principally due to the improved hygiene of communities.

Much, however, has also been done to increase the chances of recovery of individuals who are sick. The discovery of and experimental investigation with antitoxins was an important advance. The appreciation of the value of the internal secretions has largely extended our conceptions and has placed in our hands weapons of marked service in certain grave disorders. In the history of our profession the speaker was of the opinion that the nineteenth will be known as the century of experimental medicine.

In the oration on surgery Dr. John A. Wyeth, of New York, delineated the value of clinical microscopy, bacteriology, and chemistry in surgical practice. He had chosen an important theme, one which lies at the foundation of modern scientific surgery. Chemical analysis of the normal and abnormal secretions and excretions of the body, clinical microscopy, and bacteriology should form a part of the educational requirements of every surgeon. It may be safely said that laboratory research has done more than all else in accomplishing the revolution in surgical thought and practice which has taken place during the last two decades. A striking illustration of the practical application of this work is shown by the greatly lessened need of intubation since the serum-therapy has been practiced in diphtheria. The speaker believes that as our knowledge expands a safe immunizing serum will be discovered for each special toxæmia. The practitioner who has not called into requisition, said the orator, the invaluable aid which bacteriology affords in the differentiation of those too often obscure intraperitoneal lesions cannot appreciate the satisfaction which this practical application affords. The assistance to be derived from microscopical examination of the blood and urine was likewise emphasized by Dr. Wyeth.

The oration in State medicine was by Dr. George M. Kober, of Washington, D. C. The title of the address was "The Progress and Tendency of Hygiene and Sanitary Science in the Nineteenth Century." There are few subjects more full of interest and importance. The speaker traced the gradual rise of sanitary knowledge. As befitted the occasion, the speaker laid particular stress upon the progress of sanitation in the United States. He answered emphatically in the affirmative the question as to whether human suffering has been mitigated and human life greatly prolonged by efforts in sanitation. Among the important topics discussed in this excellent address are the influence of sewers and public water-supplies, sewage-disposal and river-pollution, pure food and drug legislation, laws regulating the sale of drugs and poisons, indus-

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trial hygiene, sanitary dwellings for wage-earners; sanitation of prisons, of schools, and other institutions; the management and control of infectious diseases, etc.

Saratoga, N. Y., was selected as the next place of meeting, and the following officers were elected: President, Dr. John A. Wyeth, of New York; first vice-president, Dr. Alonzo Garcelon, of Maine; second vice-president, Dr. A. J. Stone, of Minnesota; third vice-president, Dr. A. F. Jonas, of Nebraska; fourth vice-president, Dr. James A. Dibrell, of Arkansas; treasurer, Dr. Henry P. Newman, of Illinois; secretary, Dr. George H. Simmons, of Illinois. Board of trustees whose terms expire 1904, Dr. T. J. Happell, of Tennessee; Dr. W. W. Grant, of Colorado; Dr. John F. Fulton, of Minnesota. Judicial council, Dr. George Cook, of New Hampshire; Dr. H. H. Grant, of Kentucky; Dr. John B. Murphy, of Illinois; Dr. Philip Marvel, of New Jersey; Dr. Louis H. Taylor, of Pennsylvania; Dr. John L. Dawson, of South Carolina; Dr. N. Fred. Essig, of Washington. Orator on surgery, Dr. Harry Sherman, of California; orator on medicine, Dr. Frank Billings, of Illinois; orator on State medicine, Dr. J. M. Emmert, of Iowa; chairman of the committee of arrangements, Dr. G. F. Comstock.

VERTIGO AND ODORS.

THE extremely interesting matter of the influence of odors upon the physical condition of the human body has been studied by Dr. Joal, of Mont-Dore, France, in a number of memoirs, which have been freely abstracted in the pages of THE MEDICAL BULLETIN. The latest communication which we have seen was published in a recent number of the admirable journal published by our eminent colleague, Dr. E. J. Moure, of Bordeaux.[1] This author tells us that if he were obliged to classify according to their frequency the different reflex phenomena occasioned by odors and perfumes he should place at the head of the list headache, nausea, and vertigo. In the paper to which we have made allusion the author, by citations from other writers and relation of his own cases, demonstrates the existence of an olfactive vertigo, and studies the mechanism of its production. Dr. Joal cites an array of writers who had referred to the influence of various odors. In the present memoir he describes twelve cases which he had himself witnessed, eight of which have already been published. These cases exemplify the influence of scents upon the voice, and their power, in some instances, to produce epistaxis and urticaria. The succeeding four cases, hitherto unrecorded, exhibit abnormal phenomena in consequence of exposure to odorous emanations. Dr. Joal refers briefly also to two other similar instances.

In five of this series of patients vertigo was occasioned experimentally by exposing the individual to the scent of various flowers and perfumes. The remaining patients were healthy people in whom vertigo was solely due to the influence of certain odors.

After narrating the essential points of the histories the author proceeds to an inquiry concerning the mechanism by which the effects are produced. He expresses the belief that the excitation of the olfactory nerve is conveyed to the cerebellum and bulb by means of the trifacial. In other words, he considers olfactory vertigo as a variety of nasal vertigo. This is, indeed, the view which he has already defended in his former studies of the same general subject. In nearly all the persons there were noticed coincident with the vertigo vasomotor manifestations in the pituitary membrane, such as sneezing, coryza, hydrorrhœa, and in several instances the author was an eye-witness of the swift turgescence of the nasal mucous membrane.

The earlier observers had connected the effects with nasal lesions, as hypertrophic catarrh, mucous polyps, spurs, and devia-

[1] "Vertige et Odeurs." Par le Dr. Joal, du Mont-Dore. Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie, 4 Mai, 1901.

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tions of the septum or foreign bodies, but they may occur without the slightest alteration of the mucous membrane. In these cases Dr. Joal believes that the impression made upon the terminal fibres of the olfactory nerve is transferred by reflex action to the terminal filaments of the trifacial or sympathetic. The upper root of the trifacial reaches the cerebellum through the superior peduncle, and the lower root passes through centres implicated in producing vertigo. In the vicinity are also found the nuclei of the glosso-pharyngeal and pneumogastric. This association explains the concomitance of nausea, vomiting, syncope, cardialgia, aphonia, cough, and asthma.

The manifestations may be excited by the most pleasant perfumes as well as by disagreeable odors. Vertigo may be produced by the rose, lilac, heliotrope, jasmine, hyacinth, musk, ambergris, civet, patchouli, etc. An individual may be affected by one of these scents while the others have no undesirable effect. Other people are unfavorably influenced by grasses, oils, grain, petroleum, burning asphalt, ether, methyl-salicylate, essence of turpentine, and the odor given off by tanneries and malt-houses.

It is very difficult to explain these peculiarities. We are obliged to conclude that the symptoms are the result of olfactory idiosyncrasies in persons of excessive sensibility. As a rule, they are arthritic or neurasthenic individuals. It may also be observed, says the author whom we follow, that this conception of olfactory vertigo may be applied to the subject of seasickness. In its lightest form this is simply a vertigo. Nausea, vomiting, salivation, cold sweats, cardialgia, and nervous depression only occur in serious cases. Seasickness may be dependent, in certain cases, upon bulbar irritation of olfactory origin. The applications of tampons impregnated with a weak solution of cocaine has given good results in such cases. In some cases the nauseous odors from the ship or its cargo produce the sickness.

Medical News and Miscellany.

Medical Press and Circular.—Dr. Henry Jellett, ex-assistant master of Rotunda Hospital, Dublin, has been appointed editor of the Medical Press and Circular, to succeed the late Dr. Archibald Hamilton Jacob.

Luxation of the Testicle. — M. Parizeau records a curious case of luxation of the testicle. The patient, a man 64 years of age, was working at an excavation when he was buried in a mass of *débris*. On being released, he was almost asphyxiated, and the subject of many contusions. On recovering from a semicomatose condition, he complained of intolerable pains on the left side of the thorax, which were only partly relieved by the discovery and treatment of three fractured ribs. He suffered much from shock, being pale, with a rapid and feeble pulse, frequent and painful respiration, and repeated and prolonged vomiting far into the night. Active stimulation had ameliorated his condition by morning, when he was first seen by Dr. Parizeau. About a fortnight later, the patient drew the doctor's attention to a soft, regularly oval, almost painless swelling on the inferior surface of the penis, the skin about which was ecchymosed and to which, taking it for a hæmatoma, he at once applied a moist compressing dressing. The scrotum appeared to be normal. After the swelling had subsided, examination convinced the author that this swelling was a dislocated testicle, of the absence of which from its proper place he soon satisfied himself. At the earnest solicitation of the patient he incised the scrotum obliquely toward the root of the penis, and releasing the imprisoned testicle from the cicatricial mass by which it was retained, replaced the errant gland, and fixed it *in situ*. A perfect recovery was made without any accident, and after the expiration of many months there had been no atrophy.

There had been, the author said, up to

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that date two cases of luxation of the testicle recorded; in the first, by Hess, the testicle had lodged in the opposite side of the scrotum, having passed through the septum; in the other, by Bruns, it had been found underneath the skin of the pubes.—New York Medical Journal.

Resignation of Dr. Tracy. — Dr. Roger Sherman Tracy, the Registrar of the Bureau of Vital Statistics of the New York Health Department, tendered his resignation. Dr. Tracy had served thirty years in the department, having been appointed an inspector of the health department on October 7, 1870.

The July "New" Lippincott. — With a single exception the July "New" Lippincott Magazine is given over to stories for summer. "A Woman for Nothing," the novel complete, is by Louise Betts Edwards, a Philadelphia writer of many short stories. It deals with the decline and fall of Miss Rix. She is the daughter of a millionaire philanthropist who had bound her down very young to church work, never letting her go much into society for fear she would marry some fortune-hunter. At his death Miss Rix is left wealthy in everything but happiness. The *dénouement* is thrilling.

Mary E. Wilkins's long short story, "Two for Peace," is about a typical daughter of the Puritans and her lover, who confesses to "Catholic leanings." Martha Wolfenstein's humorous sketch, called "A Judgment of Solomon," will make a laugh. Another lively love-story, appropriate to the out-door season, is "Cheever's Magic Mashie," by Edwin L. Sabin. "Her Day of Freedom," by Ina Brevoort Roberts, is a one-day's romance beginning in Central Park between a reporter on a New York newspaper and one of the richest girls in the city—a bride-elect—who, with a dollar in her pocket, chooses to spend her last free day at Coney Island.

An Italian story, "The Image-maker," by William le Queux, is charming; and a wonderful Chinese story by Harold Ballagh, called "A Chinese Cue," is declared by the author to have "actually occurred." The "College Tale" this month is from the pen of Albert Payson Terhune in honor of Columbia College. He calls it "A Lightning Change," and it is distinctly a society story about college men and pleasure-loving girls. Patriotism is responsible for the only prose article other than fiction. It is called "The Men Who Signed," by Lora S. la Mance, and contains an abundance of interesting information and new anecdotes about the signers of the Declaration of Independence. Of poetry there is the usual quantity up to the usual quality.

American Monthly Review of Reviews. —In the June issue the editor analyzes educational conditions in the South, having regard to the needs of both races. Among the topics editorially treated are "Parties in the South," "The President and His Journey," "The Cubans at Washington," "The New State of Mind at Havana," "Notes on Industrial War and Peace," "The New English Taxes," "Lord Salisbury and Ireland," "The New British Army Bill," "China and the Indemnity." "Improvement in Philippine Conditions," "Hawaii's Political Deadlock," and "The Exposition Season."

There are two important articles on the Buffalo fair: "The Pan-American on Dedication Day," by William H. Hotchkiss, and "Artistic Effects of the Pan-American Exposition," by Ernest Knaufft. Apropos of the interest in all matters electrical, stimulated by the Pan-American Exposition, Mr. William C. Andrews contributes an account of "How Niagara has been 'Harnessed' ": the complete story of the engineering triumph which has brought about, within the past decade, the utilization of waste energy in the form of electric power development at the falls. In the same issue Prof. Joseph S. Ames, of the Johns Hopkins University, describes the recent

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work of Marconi, Tesla, and Pupin in the domain of electrical discovery, and especially their inventions in wireless telegraphy and long-distance telephony.

An appreciation of the late Professor Rowland, the Johns Hopkins physicist who ranked with the five or six greatest scientists of his time is in the same issue. "The Winning War Against Consumption" is the title of an article contributed by Sylvester Baxter. Mr. Baxter shows what has been done in this and other countries by way of providing sanatoria for the "pure-air" treatment of tuberculosis, without resort to mild climates. Dr. David T. Day, of the United States Geological Survey, gives a well-informed and judicial estimate of the new petroleum discoveries in Texas, California, and elsewhere.

Ladies' Home-Journal. — It would have to be a very exacting reader who could not find something of special interest in the Ladies' Home-Journal for June. "Aileen," the charming new serial by Elizabeth Knight Tompkins, is begun. Florence Morse Kingsley tells entertainingly about a tame crow in "The Young Gentleman of the Wood-shed." Clifford Howard narrates some "Love-stories of the Zoo," and the Rev. D. M. Steele records some amusing experiences in "People I have Married"; while William Perrine concludes "A Story of Beautiful Women" with a lively account of "The Dashing Kate Chase and Her Great Ambition." Three strong and thoughtful papers about women are "The American Woman and Dress," by Helen Watterson Moody; "What of the Woman Herself?" by "An American Mother"; and "Women as 'Poor Pay,'" by Edward Bok. The pictures in the magazine include W. L. Taylor's pathetic conception of "The Passing of the Farm"; a beautiful reproduction of A. R. Coleman's prize photograph "Autumn in the Forest"; and a double page of views showing "Where Golf is Played"; while a page each is given to "The Girls of Wellesley and Bryn Mawr" and to some striking portrait photographs by Miss Mathilde Weil. The architectural articles include "Two Small Country-houses," "A Small Farm-house that Can be Enlarged," and "Some Cabins of Logs." Other noteworthy articles in this issue are "Cooking on the Farm," Miss de Forest's letter from Paris forecasting new styles, and "The New Lace Collars and Ties." Two other pages are divided between fashions and cooking, and several more give useful information about the home, the garden, and other domestic matters. By the Curtis Publishing Company, Philadelphia. One dollar a year; ten cents a copy.

International Monthly.—The June issue offers a list of contents that will prove unusually attractive to all those who are interested in the problems and in the general thought of the time. Among the contributions that are especially worthy of notice is a brilliant social study by Prof. Hugo Münsterberg, who sees in the very superiority and ideal accomplishments of the "American Woman" a menace to our higher development as a people — this through the fault of the man. An interesting and timely paper is that of Judge Simeon E. Baldwin, in which he shows in a strong light the evils that result from "The Encroachment of the American College upon the University." Three years instead of four and more practical courses of study, such is the important advice of one who knows of what he writes.

The foreign articles in this issue are fully up to the high level of their predecessors. Dr. Richard Meyer, of the University of Berlin, concludes an essay, written in his best and most powerful vein, on "German Criticism"; M. André Lebon (Minister of Commerce under the late President Faure) touches with delicate irony on the recent attempts to "revive" the Declaration of Rights of 1789; and Prof. Carl von Noorden completes a valuable and exhaustive article on "The Principles of Modern

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Dietetics." The "Railway Alliance and Trade Districts of the United States," by Prof. Charles H. Hull, is entertainingly written, and is most immediate in its bearings. A special feature consists in the book reviews by Charles A. Conant, Russell Sturgis, and Harry Thurston Peck: brief, but independent and authoritative.

The Cosmopolitan. — In almost every walk of life there have been great women. But has there ever been a woman who has reached the very highest pinnacle in any field? In the June Cosmopolitan Ella Wheeler Wilcox answers this question in the negative, and declares that even in the essentially feminine vocations of cooking, dress-making, and millinery men excel women. "Women," says Mrs. Wilcox, "have not the concentration which gives a clear perspective. They lack system and patience, and are distracted by details or turned aside by vanity." One of the most remarkable, but least-noticed, facts in connection with the war in the Transvaal is the extreme youth of a large part of General De Wet's army. When hostilities broke out almost every grown man enlisted, even the enfeebled, but the pace has been too rapid for the venerable burghers. As they were killed or incapacitated their places have gradually been taken by mere school-children, many only thirteen or fourteen years of age. Under the title of "The Youngest Soldiers in the World," in the June Cosmopolitan Allen Sangree throws more light on the make-up and life of General De Wet's commandoes than anything hitherto published. The naïve, simple letter from fourteen-year-old Deneys Reitz to his father, the Secretary of State of the Transvaal Republic, has seldom been equaled for vital interest by any carefully written article on the war. The Cosmopolitan is even more than usually strong in fiction. Ian MacLaren tells more adventures of that incorrigible youth, Sparrow. Richard le Gallienne revives with charming freshness and simplicity the love-story of "Aucassin and Nicolete." H. G. Wells concludes "The First Men in the Moon" with Cavor's sudden death at the hands of the Grand Lunar. Tudor Jenks contributes a clever little satire on justice. Egerton Castle's powerful novel, "The Secret Orchard," continues, and O'Neill Lathom writes a half-humorous, half-sad fairy-story, "Prince Weary-heart."

Close of the Session at the Medico-Chirurgical College.—*Training-school for Nurses.* —The first event of the close of the curriculum at the Medico-Chirurgical College was the graduating exercises of the Training-school for Nurses, held in the new clinical amphitheatre of the hospital on the evening of May 23, 1901. The list of the graduates is as follows: Class of 1900: Blanche Loeb Fauble, Helen Reeder Parsons, Helen Blundel Parker, Nancy Ruth Seneca, Mabel Irene Winthrop, Edna May Snider, and Laura Eugenie Peanne. Class of 1901: Margaret Josephine Baltz, M. Reba Cole, May Hirons Bennett, Emma Leida Magill, Susan Heitzenrater, Mary Lee Walker, Marguerite Crockett, Elizabeth Kugler, and Agnes Huplitz.

Annual Meeting of the Alumni Association.—As customary, the Alumni Association held their annual meeting on the evening preceding the commencement exercises. The orator upon this occasion was Hon. Robert E. Pattison, ex-Governor of Pennsylvania, who delivered a thoughtful and suggestive address. The following is the order of exercises:—

Music

March, "Dawn of Freedom".....*Sousa.*
Selection, "Burgomaster".....*Ludor.*

Opening Remarks

By the President of the Association, John Welsh Croskey, M.D.

Annual Oration

Hon. Robert E. Pattison.

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Music

Intermezzo, "Naila".....*Delibes.*

Presentation of Specimen-cabinet of Official Pharmaceutical Preparations.

Presented to the College by the Graduating Class in Pharmacy.

Presentation Address by Mr. E. W. Giles, Vice-President of the Class.

Acceptance in Behalf of the College, by Harvey H. Mentzer, Ph.G., Dean of the Department of Pharmacy.

Music

Waltz, "Serenade".....*Herbert.*

Benediction

Rev. Joseph W. Cochran.

Music

Two-step, "Pirates".....*Baldwin.*

Committee

John V. Shoemaker, M.D.
Henry Fisher, M.D.
Joseph A. Cramp, M.D.

After the public exercises the orator of the evening was banqueted by the Alumni Association at the Bellevue Hotel. Wit and wisdom circulated around the festive board, as is wont upon those enjoyable occasions when fellow-students and *confrères* meet in their hours of relaxation to celebrate their attachment to Alma Mater.

Commencement.—The annual commencement was held on May 25th, at the Academy of Music. The spacious edifice was filled with an interested and sympathetic audience. The program was as follows:—

Music by the Germania Orchestra

Conductor, William Stoll, Jr.

PART FIRST.

Overture, "Hungarian Comedy"
Kéler Béla.

Selection, "San Toy".....*Jones.*

Waltz, "Heart Tones".....*Strauss.*

PART SECOND.

March, "Perpetuum Mobile"...*Von Blon.*

Prayer

Rev. Joseph W. Cochran.

Intermezzo, "Salome".....*Loraine.*

Conferring of Degrees

Hon. Edward M. Paxson, LL.D.

Polish Dance.....*Scharwenka.*

The Doctorate Oration

Rev. Ethelbert D. Warfield, D.D., LL.D., President of Lafayette College.

Selection, "The Burgomaster".....*Ludor.*

Award of Prizes.

Waltz, "From Ocean to Ocean," *Kretschner.*

Benediction.

National Airs.

Following is the list of graduates:—

Graduates in Medicine. — Charles Frederic Altmiller, Benjamin Franklin Beale, John Musser Beck, Albert Page Berg (A.B.), Oswin Weller Berky, David Berner, Pennsylvania. Robert Reid Berry, South Carolina. Walter Freeman Brown, Oscar Joseph Carlin, Pennsylvania. Christopher James Carr, Massachusetts. George Vico Ciccone (A.B., Ph.G.), Italy. John William Clarke, Pennsylvania. Harry Lee Coffman, California. Philip Jenkins Davies, William John Davis, Pennsylvania. Louis A. Dewing, Massachusetts. Chris Albert Dresch (M.D.), Colorado. Robert Saylor Engler, Pennsylvania. Alfred Taylor Fisher, New York. Ignatius Loyola Joseph Fitzpatrick, Pennsylvania. Fredric Alexander Fraser, Clarence Eugene Gardner, Rhode Island. Robert Bruce Grimes (Jr.), Wyoming. A. Wiese Hammer, Jacob K. Hecker (Jr.), Albert Harrison Hill, Benjamin Andrew Hoover, Paul Menno Hunsicker (A.B.), Louis Henry Jacob, John Charles Kachline, Pennsylvania. Morton Marcellus Kent, New Jersey. William Scholes Kimmell, Pennsylvania. Charles Paul Knight, New Jersey. Warren Daniel Kunkle, Pennsylvania. Joseph Leonard Lloyd, Delaware. Thomas Stanley Lloyd, Harry Lowenburg (A.B.), William Oscar Lubken, William Mershon

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Lynch, Alfred Cookman Marshall, Samuel Patterson McIlhatten, Evan William Meredith, Pennsylvania. Maurice Bernhard Mooslin, Russia. Ernest Roland Myers (A.B.), Pennsylvania. James William Osborn (M.D.), Iowa. Simon Warren Reichard, Pennsylvania. Frederick Albert Roberts (A.B.), Maine. Allen Gray Sampson, Pennsylvania. Carl Henry Senn, Ohio. Eugene Austin Shupp, Ralph Huston Spangler (A.M.), Irvin Cameron Stayer, Pennsylvania. Samuel Johnson Stewart (M.D.), Washington. Austin Jeremiah Stillson, New York. William Bruce Stricker, Morris Clayton Thrush, Morris Hancock Tindall, Pennsylvania. George Trotter Tyler, Kentucky. Frederick Peterson Wainwright, New Jersey. Frank J. Wagner, George Bush Walp, Arthur A. Watkins, J. Lawrence Widmyer, Leonard Scott Willour, James Folwell Wood, Pennsylvania. Galen Rowe Wright, Arthur Wrigley, Maryland.

Graduates in Dentistry. — Ellsworth Armstrong, James Connor Attix, Pennsylvania. Maxie J. Becnel, Louisiana. Samuel Irving Callahan, New Jersey. Morris Harris Chann, Russia. William Edward Davis, Pennsylvania. Arthur R. Dray, England. Louis J. Gelpi, Louisiana. Robert Bruce Gillars, Pennsylvania. William H. Gwinnutt, England. Iskander A. Hajjar, Syria. Charles M. Hollis, Delaware. Edward Clay Hughes, Pennsylvania. Stanley Allen Ireland, New Jersey. Robert Kirshner, David M. Sanders, Joseph Scott, Robert Morris Schaffer, Pennsylvania. Charles T. Searle, Minnesota. Michael Shapiro, Austria. Cahall Sipple, Delaware. Richard D. Steim, Edgar D. Urich, J. T. Woolfe, Pascal W. Yearsley, Pennsylvania.

Graduates in Pharmacy.—William Schell Baer, Walter Ernest Boyer, Edward Brook Connor, Alonzo Boyer Farr, Pennsylvania. William R. Fretz, Kansas. Edward William Giles, South Carolina. William Francis Hennings, George Edward Hinkley, Pennsylvania. Boris J. Kaschedin, Russia. Harvey Evert Kendig, Charles Tomlinson King, Pennsylvania. John L. Loutfian, Turkey. Charles Michael Malloy, Hiram Kennedy Metcalfe, Harry Simpson Portner, C. Norman Rife, Joseph Francis Schlotterer, Benjamin B. Truax, Pennsylvania. Harry Burns Voorhees, New Jersey. Walter Lyons Wenck, Henry Christoph Woehlcke, Pennsylvania.

Special Graduates. — Elwood R. Kirby, M.D.; Charles A. Le Cates, M.D.

"What Should be the Legal Requirements for the Commitment of Insane Persons to Hospitals for the Care of the Insane?"—At the National Conference of Charities and Correction, Dr. A. B. Richardson, of the Government Hospital for the Insane in Washington, said, in part:—

It is doubtful whether any substitute will ever be found for a judicial procedure in determining the proper treatment of the insane, or at least for a judicial review of the facts represented. Such judicial action is of a wholly-different character from the usual function of a court. The sole reason for the interference of the court is that the remedy must often be applied forcibly and against the protests of the patient.

The machinery for commitment should be as simple and uncomplicated as is consistent with the protection of the rights of the individual. It should be such as is readily available and with the minimum degree of offense to the sensibilities of the patient or of those responsible for him. An inquiry by a court in such a case should be held as sacred as the examination of any other patient by a physician.

The *sine qua non* of such a commitment should be skilled and trustworthy medical investigation. The examination should take a much wider range than the mere determination of homicidal or suicidal tendencies. If the impartial attitude of the judge should disclose any doubt as to the sufficiency of the testimony, then

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should there be a personal examination of the patient in the presence of the court; but this should seldom be necessary.

With every hospital for the treatment of insanity provision should also be made for the admission of voluntary patients, without any judicial procedure. The continued stay of such a patient should never be compulsory, but were such opportunity offered many a threatened attack would be averted, and both patient and the public saved much expense and annoyance.

Public Policy in the Care of the Insane.—At the National Conference of Charities and Correction Dr. George F. Keene, Superintendent of the State Hospital for the Insane, Howard, Rhode Island, said, in part, that the insane man may have—does have—a place and use instead of abuse in a community; that he is a human being having feelings and sensibilities. With the century just closed practically began the humane treatment of the insane. The latter half of the nineteenth century exemplified the remedial period of treatment for these unfortunates.

The hospital idea is destined to exhibit most radical changes in the evolution of the present century. The palatial system of architecture has been replaced by the block system, cottages, until now we see the colony being planted here and there by the adventurous philanthropy of some liberal commonwealth.

With the advent of public care there sprung up many evils, some of which have worked great injury to the unfortunates, as well as to the community. The public policy in the commitment of the insane has often been as harsh and brutal as any treatment they might ever receive thereafter. Public arraignment in a court of justice is putting the patient on a level with and oftentimes in the company of the criminal, and thus giving the taint of crime to disease.

Pennsylvania Institution for the Instruction of the Blind.—The new buildings of this institution at Overbrook were inspected by a number of invited guests on the occasion of the formal opening. The program included exercises in the Assembly Hall, inspection of the buildings, refreshments, exercises in the gymnasium, and a concert in the Assembly Hall. The occasion was full of interest. This institution is engaged in a noble work.

Pennsylvania Hospital.—An interesting and noteworthy commemoration occurred in this city in celebration of the one hundred and fiftieth anniversary of the foundation of the hospital. For that long period, as measured in the history of this country, the Pennsylvania Hospital has been carrying on its humane service to the sick and afflicted. The record is one of which any institution may well be proud. Generations of able practitioners and teachers have labored within its walls, and generations of medical students have received instruction in its wards and amphitheatre.

University of Pennsylvania.—Dr. Thomas R. Neilson has been elected clinical assistant to the Professor of Genito-Urinary Diseases in the Medical Department.

Banquet of the W. C. Hollopeter Pediatric Society.—The first annual banquet of the W. C. Hollopeter Pediatric Society of the Medico-Chirurgical College of Philadelphia was an occasion full of interest and enjoyment to all present. The entertainment was given at the Bellevue, of this city, and was attended by the officers and active members of the society, together with a number of invited guests. Professor Hollopeter, from whom the society takes its name, is honorary president. H. Lowenburg, A.B., is acting president. Professor Hollopeter acted as toast-master. The toasts and responses were as follow: "Our Work," H. Lowenburg, A.B. "The Hollopeter Society—Past and Future." E. R. Myers, A.B. "The Faculty," Prof. Seneca Egbert, A.M., M.D. "Class 1901," J. K.

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Hecker, Jr. "The Fair Sex," W. F. Brown. "The Babies," W. Hammer. "Pediatrics," Dr. H. S. Kinne. "Honorary Members," Dr. J. L. Manasses. "Juniors," G. C. Bird.

A Surgical Operation in China Opposed by a Whole Town.—Placing the suffering Chinese woman on a rudely constructed bamboo couch near the open door and facing the court-yard, in order to get the best light, with beating hearts and under high nervous tension we commenced the operation for cancer, so pregnant with the direst possibilities. While I administered the anæsthetic, the doctor and my wife proceeded to remove the cause of the woman's suffering, while the members of her family stood near by and with fearful and awe-struck expressions gazed upon the ghastly scene.

We had just reached the crucial stage of the operation, the roots of the troublesome cancerous growth had been skillfully removed, gushing arteries were being deftly caught and ligated, and we were quietly congratulating ourselves that the terrible tension would soon be over, when we were startled by a terrified cry from Tsang, our servant, who watched by the gate, and who, with an expression of almost hopeless despair, exclaimed: "Teacher, there is a crowd of men coming up the street."

In some way our visit to the cottage had become known, and soon a horde of wildly gesticulating and excited Chinese traced their way to where we were. As they came nearer the sound of angry voices and fierce exclamations reached our ears, and we mutely looked at each other, for the situation was growing desperate and full of horror.

"What shall we do, Morley?" I cried to the doctor.

"Finish this operation," he stoically replied.—Frederic Poole, in May "New" Lippincott.

The Hospitals of Japan.—As one of the results of an interesting tour around the world, Dr. Edward C. Register, of Charlotte, N. C., has written a paper upon the hospitals of Japan. These are but ten in number, two being located in Tokio. The Imperial University Hospital is as large as all the other hospitals of Japan put together. It is almost entirely maintained by the government. It has 80 resident physicians and 600 trained nurses. The average number of patients treated there is 2200, and in the various out-door departments many thousand sick people are treated annually.

Surgeons in Japan are very conservative, a great deal more so than in America. Patients are slow to consent to be operated on. They have to know that it is their last chance before they will consent. This makes the surgical work of this great hospital rather small when compared with its other departments. While the surgeons in this country are very conservative, they are not timid. Many of them do excellent work. One young assistant surgeon, who could speak a little English, told me that he had used the Murphy button seventeen times without a single failure, and that the chief surgeon had performed seven laparotomies for perforation in typhoid fever and had saved three cases.

The Japanese physician is peculiarly fitted for certain departments of medicine. It is characteristic of the best element of the race to be industrious, deliberate, careful, and he loves more than anything else to work for days, weeks, and even months, at a single little thing. I notice that they are enthusiastic workers in microscopy; their patience seems never to tire; they will prepare slide after slide, specimen after specimen, and their interest never sags. This kind of work suits them.

In surgery the smaller and more delicate and difficult the operation is, the more it interests them. The average Japanese physician would rather see a cataract operation than a hysterectomy. To watch them prepare for an operation, the time they seemingly throw away arranging little

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things, the minute instructions they give their assistants and nurses, even in minor surgical cases, and to observe them fix, with so much care and deliberation, every table and tray, every knife and sponge, perfectly oblivious to time, is as amusing as it is tiresome to the hustling, restless, and impatient American.

The National League of Improvement Associations. — The National League of Improvement Associations, with headquarters at Springfield, Ohio, is seeking to secure the organization of a local affiliated society in every city and town in the country. The object of the League is to bring into communication for acquaintance and mutual helpfulness all bodies interested in the promotion of out-door art and public beauty, town, village, and neighborhood improvement.

It is said that there are already in existence more than a thousand local improvement associations in various parts of the country, with an aggregate membership of fully one hundred thousand. A pamphlet just issued by the National League gives some notable examples of the splendid work these societies have accomplished. Copies of the same, with further information in regard to the movement, may be procured by addressing the Corresponding Secretary, D. J. Thomas, rooms 8 and 10, Citizens National Bank Building, Springfield, Ohio.

The National League of Improvement Associations was organized by a convention held in Springfield, Ohio, last October, attended by delegates from local societies throughout the country. It was formed for the purpose of securing unity of action on the part of the improvement associations that are in existence, and to bring about the organization of similar ones in all parts of the country. The first convention was attended by many persons prominent in the work, and the National League began its career under most auspicious circumstances. As stated above, the headquarters are located at Springfield, Ohio. The President is Hon. John L. Zimmerman, a prominent lawyer and businessman of that city. Other members of the Executive Board are Edwin L. Shuey, of Dayton, Ohio, with the Lowe Brothers Company; Mrs. Conde Hamlin, of St. Paul, Minnesota, president of the Woman's Civic League; Frank Chapin Bray, Cleveland, Ohio, Editor Chautauquan; E. G. Routzahn, Dayton, Ohio, Librarian National Cash Register Company; and Miss Jessie M. Good, Springfield, Ohio, of the Warder Public Library. This year's convention will be held at Buffalo, New York, August 12th, 13th, and 14th.

Ophthalmological Aspects of Pregnancy. —Dr. Casey A. Wood, at a meeting of the Chicago Academy of Medicine, declared that pregnant women are liable to suffer from paresis of accommodation; reading, writing, and near work generally may be difficult, or even impossible except for the briefest periods. Muscular insufficiency is also to be observed, the strength of the ocular muscles being less than normal during pregnancy. Increase of the apparent refractive error is quite common in pregnancy.

Pigmentation of the eyelids may be seen in pregnancy, and is merely a part of the general pigmentation of the skin so commonly seen in gravid women. Violent and long-continued vomiting may produce small hæmorrhages into the subconjunctival tissue. These superficial hæmorrhages are not serious; but, if hæmorrhage occurs into the interior of the eye, damage to the vision is to be expected. Unfortunately, intra-ocular hæmorrhage is a not uncommon result of persistent vomiting, and detachment of the retina has been seen to occur from the same cause.

Retinitis albuminurica frequently accompanies pregnancy, but the disease of the retina shows itself in a more favorable form in pregnancy than it does in the ordinary forms of Bright's disease. The prog-

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nosis is not as grave in pregnancy from albuminuric retinitis as it is in chronic Bright's disease, although the conditions are about the same. Occasionally a patient who is pregnant, whether albuminuria be recognized or not, has partial or even complete blindness, which may last from a few hours to a few days. These patients almost invariably get well. Nothing pathological can be seen in the fundus by the ophthalmoscope.—Medical Review of Reviews.

A Rocky Mountain Sanatorium. — To save the lives of thousands of persons belonging to other States from death by tuberculosis is the object of an organization of Denver physicians and other professional men and women for the establishment and maintenance of the Rocky Mountain Industrial Sanatorium, which has just been incorporated. Its purpose is to aid the great majority of tubercular patients in poor or moderate circumstances who go to Colorado and other mountain States in the hope that the climate and altitude will aid in effecting a cure, and who, almost invariably, either from lack of means or proper direction, are immediately surrounded by conditions which preclude improvement or recovery.

The attempt will be made through auxiliary societies to reach these patients before they leave their homes in other States, so that they may be started on the search for health with as cheering an outlook as may be afforded by proper medical care, nourishing food, cheerful surroundings, and an out-door life in a sunny climate. Their plan provides for the erection of a sanatorium about twenty miles from Denver, to be conducted as an industrial colony.—Medical Dial.

Syphilis and Urinary Excretion.—Patoir has made a study of some of the indirect effects of syphilis, and finds that syphilitic anæmia seems to play an important part in the changes taking place in some of the organs. This general alteration of nutrition seems to be reflected especially on the kidneys. Until lately little attention has been directed toward the urinary excretion in syphilis. There seems to be a form of diffuse inflammatory reaction peculiar to the kidneys, which may proceed to actual acute nephritis. In other cases albuminuria is present without there being any marked clinical manifestations of nephritis. The author comes to the conclusion that in about half the cases of syphilis there is evidence of some renal lesion. This lesion may be present during a period of activity, whether secondary or tertiary. During the period of eruption albumin, sugar, and urobilin appear, and the total amount of urea is increased. These changes are most marked in young subjects. On the other hand, in elderly persons in whom there is perhaps a certain amount of renal inadequacy, the tendency of syphilis is to reduce the quantity and specific gravity of the urine. Another interesting fact noticed by the writer is that when the general disease becomes dormant the urinary secretion returns to the normal average, except in some cases where the attack has been particularly severe, and where the patient has suffered from more or less intense anæmia. In such cases the tissues seem more or less debilitated, and as a consequence the renal excretion may show some permanent damage. Conversely, in several cases where the attack is a benign one the patients do not show any alteration in urinary secretion.—British Medical Journal.

Sir Frederick Treves.—The king has conferred upon the distinguished surgeon the order of knighthood and invested him with the insignia of a Knight Commander of the Royal Victorian Order.

Laceration of the Vaginal Vault During Labor.—M. Kaufman finds that about one hundred cases of this casualty have been reported in the literature. According to some authors, its gravity keeps pace with its rarity, and it is to be considered more

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dangerous even than rupture of the uterus, owing to the fact that the latter viscus is contractile and tends to favor spontaneous apposition of the torn edges, while the lax vaginal walls afford no obstacle to the prolapse of the intestine. Regarding treatment, opinions are still divided. Laparotomy, simple tamponade, suture through the vagina, and hysterectomy have all been recommended and practiced by various operators. The author believes laparotomy indicated in those cases in which the fœtus is wholly or in part in the abdominal cavity, and also when the bladder is torn or the hæmorrhage cannot be checked from below. In most other cases the rent is to be sutured through the vagina; but when the application of sutures is unusually difficult or there is evidence of already existing infection, the wound is to be drained and the vagina packed with gauze.—Medical Record.

Dr. Robert Lewis, Jr. — Dr. Robert Lewis, Jr., has been appointed aural surgeon to the New York Eye and Ear Infirmary.

In Honor of Professor Hansen. — It is proposed to present Dr. G. Armauer Hansen, of Bergen, the discoverer of the bacillus of leprosy, with an international testimonial on the completion of his sixtieth year in July, 1901. For this purpose an appeal has been issued for subscriptions in amount from 10 to 20 marks ($2.50 to $5) to be sent to Dr. Sandberg, Bergen, Norway. The American members of the international committee are Dr. James Nevins Hyde, of Chicago, and James C. White, of Boston.—Medical Record.

Albuminuria Due to Constipation and Diarrhœa.—B. Stiller has for twenty years devoted much attention to this form of albuminuria. His observations show that there exists a non-inflammatory catarrh of the stomach and intestines, attended by the appearance of albumin and casts in the urine. The author holds that the loss of water by diarrhœa accounts for the albuminuria to some extent, but that some toxic influence is undoubtedly also present. There is a lessened water-supply in cases of constipation, owing to diminished ingestion of foods and fluids.—Medical Record.

Cincinnati Hospital.—Dr. P. S. Conner has been appointed on the Board of Trustees of the Cincinnati Hospital.

Samuel G. Gant, M.D., LL.D.—The title of LL.D. has just been conferred by the William Jewel College, Liberty, Wis., upon Samuel G. Gant, M.D., Professor of Diseases of the Rectum in the New York Postgraduate Medical School and Hospital.

American Surgical Association. — The following officers were elected for the ensuing year: President, Dr. De Forest Willard; first vice-president, Dr. Robert Abbe; second vice-president, Dr. R. Matas; treasurer, Dr. George R. Fowler; secretary, Dr. Dudley P. Allen; recorder, Dr. Richard H. Harte. Meeting-place, Albany, N. Y., May 20, 1902.

Willard Parker and Reception Hospitals. —Dr. Louis Fischer has been appointed visiting physician to the Willard Parker and Reception Hospitals of the health department of New York City.

American Association of Genito-Urinary Surgeons. — The following officers have been elected: President, Dr. W. T. Belfield, of Chicago; vice-president, Dr. Paul Thorndike, of Boston; secretary, Dr. James R. Hayden, of New York; member of council, Dr. William K. Otis, of New York. Next place of meeting, Atlantic City, N. J.

Dr. Troisier.—Dr. Troisier, physician to the Beaujon Hospital in Paris, has been nominated to fill the chair of the late Professor Potain in the Academy of Medicine of Paris.

Appointment.—Dr. Ollive, Professor of Hygiene and Medical Jurisprudence at Nantes, has been appointed Professor of Clinical Medicine.

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A New York Physician's Gift to the Botanical Garden.—Dr. C. R. Allen, of New York City, has presented to the New York Botanical Garden a valuable collection of stoneworts. Dr. Allen is vice-president of the Torrey Botanical Club, and it took him many years of hard work and thousands of dollars to gather the specimens. It is probably the most complete collection in existence.—Medical Record.

Early Pupil Symptoms of Acquired Syphilis.—Out of 53 syphilitics examined, 14 exhibited the anomaly which Sulzer believes he is the first to note. Visual acuity and light-perception are practically normal, and the symptom, the lack of associated reaction on the part of the pupils, is evidently due to a lesion of the motor part of the peristaltic arc which occasions the contraction of the pupil under the influence of light and of near fixation. In 12 of the 14 patients the pupil-reaction to light was weak or absent, while convergence was normal. This peculiarity is characteristic of the Argyll-Robertson sign, but differs from the latter as the pupils were of medium diameter or much dilated in all the syphilitic patients. In one case the pupils did not react to light nor in convergence, and in another the lack of associated reaction was the reverse of that in the Argyll-Robertson sign; light-reaction was retained, while convergence did not occur. Accommodation was normal in all. This distinct and constant dissociation distinguishes the disturbances observed from internal ophthalmoplegia. It also explains why this anomaly has passed unnoticed. The vision being undisturbed, it attracts no attention. All of the patients were in the first year of syphilis, the majority in the third month. The duration of the symptoms is less than that of internal ophthalmoplegia, the course averaging four to six weeks. In one case the dilated pupil was immovable, but accommodation was intact.—Journal of the American Medical Association.

Book Reviews.

Clinical Pathology of the Blood. A Treatise on the General Principles and Special Applications of Hæmatology. By James Ewing, M.D., Professor of Pathology in Cornell University Medical College, New York City. In One Handsome Octavo Volume of 432 pages, with 28 Engravings and 14 Full-Page Plates in Colors. Cloth, $3.50, net. Lea Brothers & Co., Philadelphia and New York, 1901.

This is a valuable book on an exceedingly important subject. So much work has been done of recent years in relation to the varying composition of the blood that a reference-book of authoritative character is needed. We have arrived at that point where our knowledge of many cases of disease cannot be regarded as complete without an examination of the blood.

In this work the five opening chapters are devoted to the general physiology and pathology of the blood. The chemistry of the vital fluid, the morphology and physiology of its cells, together with the methods of enumerating and estimating the contents of the blood are set forth in perspicuous style. A second part, also including five chapters, relates to the special pathology of the blood. These chapters treat of chlorosis, progressive pernicious anæmia, leukæmia, pseudoleukæmia, and anæmia infantum pseudoleukæmica. In a third part the blood-changes in acute infectious diseases are described. One chapter of this part is given to a consideration of Widal's test. Our author's judgment upon this matter is that, although the belief in the specific quality of the test has been abandoned, yet it remains an extremely valuable diagnostic procedure under several conditions. Its chief value lies in its capacity to distinguish during the height of the illness certain conditions, such as acute gastritis, tuberculosis, meningitis, and pneumonia, which may simulate typhoid fever. In the early diagnosis of the disease it has proved

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disappointing in the experience of most observers. The author believes, however, that the combination of an indistinct serum-reaction, diminution of fibrin, absence of leucocytosis, and presence of relative or absolute lymphocytosis can almost never be demonstrated in the early stages of any obscure febrile disease except typhoid fever.

A fourth part relates to the composition of the blood in constitutional diseases, and a fifth division discusses the changes effected by the presence of animal parasites, including malaria, relapsing fever, and miscellaneous parasitic diseases. An excellent minor feature of the book is that each chapter is followed by a bibliographical list.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc. Assisted by H. R. M. Landis, M.D., Assistant Physician to the Out-Patient Medical Department of the Jefferson Medical College Hospital. Volume II. June, 1901. Surgery of the Abdomen, including Hernia—Gynecology—Diseases of the Blood. Diseases of the Glandular and Lymphatic Systems. Metabolic Diseases—Ophthalmology. Lea Brothers & Co., Philadelphia and New York, 1901.

This publication was awarded the grand prize at the Paris Exposition of 1900. The contributors to the present volume are Dr. William B. Coley, who writes of the surgery of the abdomen; Dr. John G. Clark, who deals with gynæcology; Dr. Alfred Stengel, who describes diseases of the blood and ductless glands, the hæmorrhagic and metabolic diseases; and Dr. Edward Jackson, to whom we are indebted for the article upon ophthalmology. These are well-known writers, each of whom is an authority in his chosen field. In addition to a general review of the most important work done in abdominal surgery Dr. Coley, in the present volume, devotes special attention to the surgical treatment of malignant diseases of the intestines and rectum. In the review of gynæcology Professor Clark gives an interesting summary of the recent work in regard to the parasitic origin of malignant growth. This is an exceedingly important field of investigation, and it seems probable that we are destined to obtain in this line of research the key to the dark problem of the etiology of carcinoma. A succession of observers have followed each other in this field, and, although their discoveries and conclusions are not all in accord, yet it seems that the truth may at last be found by a continuance on this path. It is certainly one of the most important questions in surgery, perhaps exceeded by none in significance to the human race.

Dr. Stengel has carefully excerpted the latest literature regarding diseases of the blood and disturbed metabolism. In his usual felicitous style Dr. Jackson presents the gist of recent communications of value relative to disorders of the ocular apparatus. From what has been said and implied it follows that those who possess themselves of this series have at hand a serviceable compendium of progress, while the abundant references will enable those who wish to study their subjects in full to refer to the original sources as far as they are accessible.

Whitman's Orthopedic Surgery. For Student, Practitioners, and Specialists. By Royal Whitman, M.D., Adjunct Professor of Orthopedic Surgery, New York Polyclinic, Instructor in Orthopedic Surgery in the College of Physicians and Surgeons, and Chief of Orthopedic Department in the Vanderbilt Clinic, New York. In One Handsome Octavo Volume of 642 pages, with 447 Illustrations. Cloth, $5.50. net. Lea Brothers & Co.,

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Publishers, Philadelphia and New York, 1901.

Perhaps to no department of the art of surgery would popular consent allow more Godlike attributes than that which corrects or markedly relieves conspicuous deformities. The distorted spines, knock-knees, bow-legs, flat-foot, diseased hip-joint, withered extremities, club-foot, and many other unsightly malformations, "the halt, the maimed, and the blind," such sadly familiar sights, can generally be appreciably relieved if the nature of the early symptoms is recognized and the process checked in its incipiency. It gives us pleasure to commend such an excellent exposition of the purposes and methods of orthopædic surgery as Dr. Whitman has prepared. The text is admirable in its perspicuity, directness, and simplicity, and its quality is undoubtedly enhanced by the profusion of beautiful and faithful illustrations. In this field, as in all others, but rather specially in this field, the responsible position of the general practitioner and family medical adviser looms up with prominent distinctness. The tendency of our times is strongly toward prevention as better than cure. This attitude is of peculiar importance in orthopædics. The more alert the general practitioner in detecting initial symptoms, the more will the realm of specialism be circumscribed. When the premonitory manifestations of coxalgia shall no more be vaguely referred to rheumatism we shall see a far less number of cripples upon our streets. For such reasons the physician should study attentively these conditions as they are delineated in this work. The results cannot fail to be encouraging.

The Diagnosis and Treatment of Diseases of the Nose, Throat, Naso-Pharynx, and Trachea. For the Use of Students and Practitioners. By Cornelius G. Coakley, M.D., Professor of Laryngology in the University and Bellevue Hospital Medical College, New York. New, Second Edition. In One Handsome 12mo Volume of 556 pages, with 103 Engravings and 4 Colored Plates. Cloth, $2.75, net. Lea Brothers & Co., Philadelphia and New York, 1901.

This is a very serviceable manual. It describes the main features of diseases affecting the nose and throat, and the text is appreciably assisted by the numerous graphic plates. The book is of a practical character and well adapted to act as a guide to the subjects of which it treats. The author has paid particular attention to the matters of examination, diagnosis, and treatment. To see a picture in the laryngeal mirror is not all that is necessary; we must learn how to interpret the characters thus revealed. The author's sections upon treatment are representative of his own beliefs and practice. He wisely makes no attempt to refer to every measure which has been proposed or adopted, but cites those only which he has himself found of service. The student may look for further methods in the more encyclopædic treatises. The typography is of the best. That a second edition has been demanded within two years is an undeniable tribute to the usefulness of the book. In revising the work the writer has added a chapter on the affections of the upper respiratory tract in the infectious diseases: a subject of much importance to the general practitioner.

A System of Physiologic Therapeutics. A Practical Exposition of the Methods, Other than Drug-giving, Useful in the Treatment of the Sick. Edited by Solomon Solis-Cohen, A.M., M.D., Professor of Medicine and Therapeutics in the Philadelphia Polyclinic; Lecturer on Clinical Medicine at Jefferson Medical College, etc. Volume ii, Electrotherapy, by George W. Jacoby, M.D., Consulting Neurologist to the German Hospital, New York City; to the Infirmary for Women and Children, etc. In Two Books: Book II, Diagnosis; Therapeutics. Illustrated. Published by P.

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Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, Pa. Price, Eleven Volumes, $22.00, net.

In the second volume of this excellent treatise the application of the electric current to the diagnosis and treatment of disease is fully discussed. The author describes the normal and abnormal reactions of motor nerves and muscles and of sensory nerves as a necessary preliminary to understanding the reactions of disease and thereby to the establishment of a diagnosis by electrical means. The insight which electricity affords as regards prognosis is also duly considered. Next in order comes the subject of general electrotherapy, in which the physical effects and method of application of the current receive due attention.

In the section upon special electrotherapeutics the author details the chief affections of the nervous system, muscular apparatus, joints, and visceral diseases in which electrical treatment has proved of avail. It is impossible to discuss each and every disease or morbid process susceptible of being beneficially influenced by electricity. The author, accordingly, has limited his task to a description of the methods of treatment in general use in the various groups of diseases, and mentions special methods only when some special affection requires treatment different from that of the group to which it belongs. In psychoses our author does not recommend the use of electricity. Faradic brushing may produce transitory improvement in stupor, but no permanent benefit. It should be remembered also that fresh delusions may easily be implanted upon a psychically disordered brain, and electricity is one of the agents most capable of having this unfortunate effect. In the electrotherapy of spinal-cord diseases we shall have to confine ourselves to the relief or alleviation of attacks of pain and to the assuagement of certain functional processes.

The latter part of the volume contains several articles upon the use of electricity in surgery and the specialties.

Induction-coils. How to Make, Use, and Repair Them. Including Ruhmkorff, Tesla, and Medical Coils; Roentgen Radiography, Wireless Telegraphy, and Practical Information on Primary and Secondary Battery. By H. S. Norrie (Norman H. Schneider). Second Edition, Revised and much Enlarged. New York: Spon & Chamberlain. London: E. & F. N. Spon, Ltd., 1901.

This small work contains an immense amount of condensed information concerning the mechanism of electrical appliances as employed for various purposes. It may be safely affirmed that, the more fully the physician comprehends the construction of his instruments, the more practical and thorough his knowledge of the electrical machines, the more completely equipped will he be for the adaptation of the battery to the diagnosis and treatment of disease. In the book before us he will receive such information as to enhance his manipulative skill and power.

The Diseases of the Respiratory Organs, Acute and Chronic. Arranged in Two Parts and Interleaved for Supplemental Notes. By William F. Waugh, A.M., M.D., Professor of Practice and Clinical Medicine in the Illinois Medical College, etc. The Clinic Publishing Company, Chicago, 1901.

With the pen of a ready writer Professor Waugh has constructed an interesting and suggestive little work upon the diseases of the respiratory apparatus. His descriptions of the symptoms of the different diseases embrace all the cardinal points upon which we rely in framing the clinical diagnosis. The evidence of the physical signs is presented in connection with the description of the course of the affection. His sections upon diagnosis contain the gist of the matter; but it is in the depart-

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ment of treatment that the distinctive feature of the work resides. To this subject the author gives sedulous attention, and expounds the system of alkaloidal medication. There can be no doubt that the combination of active principles in the hands of an experienced therapeutist constitutes efficient medication. Together with the dominant treatment by means of alkaloids he gives also concurrent adjuvants in order to mitigate some of the symptoms. In pneumonia, for example, the method for which superior results are claimed consists of the combination of aconitine, veratrine, and digitalin, substituting strychnine arsenate for veratrine as asthenic conditions are manifested. The remedies are given in small, frequently repeated doses until their physiological effect is apparent.

The Acute Contagious Diseases of Childhood. By Marcus P. Hatfield, A.M., M.D., Professor Emeritus of Diseases of Children in the Northwestern University Medical School; Professor of Diseases of Children in the Chicago Clinical School; Attending Physician to the Wesley Hospital. Pp. 142. Price, $1.00, net. G. P. Engelhard & Co., 358-362 Dearborn Street, Chicago, 1901.

The subject of this book, though of limited extent, is, nevertheless, of much importance in view of the frequency of these contagious diseases among children, the complications to which measles and scarlatina give rise, and the loathsomeness and fatality of small-pox. The author has woven together in this work a clear and connected account of the course, progress, complications, and dangers of these affections, based upon his own experience, and fortified by the descriptions of other writers, native and foreign. His sections upon treatment give sound instruction. The book is adapted to fulfill a useful purpose.

A Syllabus of New Remedies and Therapeutic Measures. With Chemistry, Physical Appearance, and Therapeutic Application. By J. W. Wainwright, M.D., Member of the American Medical Association; New York State Medical Association; United States Pharmacopœial Convention, 1900; American Chemical Society, etc. Pp. 229. Price, $1.00, net. G. P. Engelhard & Co., 358-362 Dearborn Street, Chicago, 1901.

The author has in this book brought together information from scattered and, in some instances, not generally accessible sources, concerning numerous drugs or chemical combinations which have of late years been introduced to practice and which have been more or less widely employed.

The author has, in the main, performed his task well, in so far as he has indicated the classes of disease in which these remedies have proved of service. Some of those which he has included, however, have been known and used so long that they need not have been mentioned in such a work. Such, we should say, are acetanilid, antipyrin, bromoform, sozoiodol, etc. The author might also have enlarged his field of reference with good effect. The book is issued in excellent style. On page 37 we notice what appears to be a misprint: "Dr. Murray, Galvestonian Lectures, 1895," instead of Gulstonian Lectures.

Favorite Prescriptions of Distinguished Practitioners, with Notes on Treatment. Edited by W. B. Palmer, A.M., M.D. Seventh Edition. New York: E. B. Treat & Co., 1901. Price, $2.00.

This book contains a large number of formulæ drawn from approved sources and adapted to most of the ills to which human flesh is unfortunately heir. There is no doubt that such a book has its uses. To young practitioners, in particular, it may serve as a guide in the manner of combining remedies and as an index to those drugs which have been most commonly prescribed. The book is divided into sections according to different classes of disease.

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COMMERCIAL NEWS.

A PRACTICAL PRESCRIPTION APPLICABLE IN MANY AFFECTIONS OF THE AIR-PASSAGES.

By Ed. Gros, M.D.,

PARIS.

While tuberculosis is the most exhausting of all diseases, many of the most alarming symptoms arise, not so much from the bacillus of Koch, as from the associated pathogenic germs, as is the case in grip, where the streptococcus and staphylococcus play an all-important rôle. They thrive on the outskirts of the giant-cell or of the cavern. These germs are readily acted upon by antiseptics. The difficulty is to reach them, and we cannot conveniently do so directly through the air-tubes, but we can do so through the medium of the blood. In tuberculosis of the lungs, therefore, with cough and catarrhal conditions, we look for tonic, antiseptic, and antifebrile medication, and the same treatment applies to all inflammatory conditions of the mucous surfaces, as in acute bronchitis, tonsillitis, and even in pneumonia. I have recently been induced to place reliance in the following therapeutical agents with these facts in view:—

Glycerosulphate of Quinine. — The commercial salt is rarely, if ever, pure, and generally consists of simple phosphate or insoluble mixed salts. The pure salt, however, is a remarkable nerve-tonic, a protoplasmic regenerator, and an antifebrifuge which does not cause deafness, neither do patients become inured to its effects.

Benzoate of Creasote.—This is a new combination of benzoic acid with beech-wood creasote, and is superior to the inert insoluble derivatives of creasote or those made from guaiacol. Pure benzoate of creasote is a tasteless, odorless, colorless liquid. It is non-irritating in the stomach —through which it passes unchanged into the intestines—where it is acted upon by the biliary and pancreatic secretions, and absorbed in the blood, producing those antiseptic and anticatarrhal effects required in pulmonary lesions. It has no irritating after-effects on the kidneys, which are always to be feared with other guaiacol and creasote preparations.

Pure Eucalyptol.—This is an optically inactive, colorless liquid of strong, aromatic, camphoraceous odor, boiling at 176° C. (348.8° F.); sp. gr., 0.930, and a refractive index of 1.4559.

It favorably influences catarrhal secretions, and is much to be preferred to oil of eucalyptus.

The purity of these modern agents is essential to their special utility. The difficulty of administering these remedies is overcome when administered in the very small gelatin capsules, according to the formula proposed by Kugler, of Paris, in 1899. These capsules, for convenience in prescribing, have been called "kugloids," after the author's name. Kugloids of 20 centigrammes should contain exactly 2 $^1/_2$ centigrammes ($^1/_2$ grain) of chemically pure glycerophosphate of quinine dissolved in true benzoate of creasote and eucalyptol.

The combination is rational, and, as a matter of fact, the kugloids give very remarkable results in febrile tuberculosis. They should be given in doses of 10 or 12 a day, and the best results are obtained by giving small and often repeated doses, of 1 kugloid at a time. The following are typical cases where I have used them to advantage:—

Case I.—Miss M. —— complains suddenly of severe headache, pain in the back and limbs, sore throat; temperature, 40° C. A typical case of influenza. I placed her on the exclusive milk diet, and administered a kugloid every hour until the next day, when they were reduced to eight a day. In twenty-four hours the fever had fallen to 37.4° C., and the patient felt well. Convalescence rapid.

Case II.—Mr. K. R——, a strong man,

(Continued on Advertising Page 18.)

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FOR CURE OF GOUT AND RHEUMATISM.

FORMULA: Acidum Salicylicum; Resina Podophyllum; Quinia; Ext. Colchicum; Ext. Phytolacca; Capsicum. 60c. per 100.

PERISTALTIC.

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Aloin..... ¼ gr. Ext. Bellad..... ⅛ gr.
Strychnin..... 1-60 gr. Ipecac..... 1-16 gr.

Dose—One to Two Pills.

PIL: SUMBUL COMP.

(Warner & Co.)

(Dr. GOODELL.) Each containing:
Ext. Sumbul..... 1 gr. Ferri Sulph. Exs..... 1 gr.
Asafœtida..... 2 grs. Ac. Arsenious.....1-40 gr.

Dose—One to Two Pills. $1.00 per 100.

"I use this pill for Nervous and Hysterical Women, who need building up." It is used with great advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo Soda. One to two pills taken three times a day.

PIL. CASCARA CATHARTIC.

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℞
Cascarin, Ext. Bellad..... ¼ gr.
Aloin..... ¼ gr. Strychnin..... 1-60 gr.
Podophyllin..... 1-6 gr. Gingerine..... ⅛ gr.

Dose—One to Two Pills. 60c. per 100.

Wm. R. Warner & Co.'s TONO NERVINE TABLETS.

℞
Ext. Damiana..... 1 gr. Ext. Sumbul..... ½ gr.
Phosphorus..... 1-100 gr. Ferri Carb..... 1 gr.
Asafœtida..... ⅛ gr. Ext. Nux Vomica.....1-10 gr.

Dose—Two Tablets before meals for adults.

SUPERIOR TO PEPSIN OF THE HOG

INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 to 20 Grains.

PREPARED BY

WM. R. WARNER & CO.,

Manufacturers of Reliable and Soluble Coated Pills.

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Goods supplied upon Physicians' Prescriptions by all Leading Druggists or by mail.

Palatable **VERY EASILY PREPARED** Nourishing

ESKAY'S Albumenized FOOD

For Infants

Mix with water, boil, add milk and administer.

For Adults

Boiling of the milk increases the palatability.

ESKAY'S FOOD being a *cooked* food has a deliciousness of flavor and palatability which is entirely wanting in raw or uncooked foods, and is relished by patients continuously in all acute diseases requiring an easily digested diet.

A prominent Philadelphia physician writes:

"In addition to its nourishing qualities I find Eskay's exceedingly palatable, a very great consideration with patients on a limited diet."

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SMITH, KLINE & FRENCH CO., Manufacturers, Philadelphia

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attacked with severe headache, sore throat, copious secretions from eyes and nose, high fever, no appetite for three days, extreme weakness, and incapacity for work. I administered a kugloid every half-hour for the first three hours, and one every succeeding hour. When I called to see him in the evening, he was perfectly free from fever or other symptoms of grip, and there was no relapse. Kugloids were continued, however, in doses of 1 every two hours for two days, as a precaution.

Case III.—Mrs. L—— is subject to frequent attacks of severe sore throat, which generally last a week. When I examined her, the tonsils were very large and were covered with white patches. Deglutition extremely painful. Temperature, 39.8° C. I touched the throat with a 10-per-cent. solution of silver nitrate and administered a kugloid every hour. The next day she was well enough to go out.

Case IV.—Mr. B—— has lost flesh for the last few months; expectorates in the morning. Complains of pain in the left apex, which twice has been very severe, preceding a slight hæmoptysis. Has night-sweats, which weaken him considerably. Toward evening fever sets in. Bacilli found in the sputa. The ingestion of raw meat, after the indications of Professor Debove, and the hypodermic injections of cacodylate of soda did him much good, but the treatment which most rapidly caused the night-sweats to disappear, as well as the disagreeable flushes, was the kugloids, taking 9 to 12 a day.

INTESTINAL DISEASES OF CHILDREN.

By George Howard Thompson, M.D.,
Professor of Materia Medica and Experimental Medicine in the St. Louis College of Physicians and Surgeons.

Dentition, in my opinion, is only incidental to the gastro-intestinal disturbances known under the general name of cholera infantum. True it is that children are highly susceptible to reflex disturbances prompted by irritation in the gums at the teething period. Any constant irritation, however, may produce the same reflex disturbances. Cholera infantum, coincidental with teething, is apt to be regarded as a result of this physiological process by the thoughtless observer. We must differentiate between a coincidence and a cause. We must differentiate between a coincidence and a contributing cause. Cholera infantum may take place at any season of the year; so may the process of teething. These two conditions frequently take place simultaneously. Cholera infantum, however, is far more likely to take place in the summer—in the central and southern sections in August and September—than in any other season of the year. Indiscretions in diet are the exciting causes. When teething is coincidental, we can more readily understand the influence of indiscretion than at a later period. The mere fact of dentition can be responsible only for certain reflex nervous disturbances; but the cause of dentition is the necessity for a change in the child's diet. The child must be supplied with food different from mothers' milk; otherwise, why the advent of teeth? This necessity is recognized intuitively by the mother, who, not knowing how to meet the indication physiologically, is only too apt to kill the child with mistaken kindness. The child gets bread to bite, which the child's gastro-intestinal apparatus is not ready to dispose of properly. It ferments and sets up a gastro-intestinal irritation; nausea, vomiting, and purging result; and finally the doctor is called.

This summer I have had a large number of cases of cholera infantum, subacute gastro-intestinal indigestion, and marasmus. Probably my best results were derived from the following line of treatment:—

Baby was given podophyllin, $^1/_{40}$ grain, or calomel, $^1/_{10}$ grain, until the passages became distinctly bilious. Then an intes-

(Continued on Advertising Page 20.)

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Packer's Tar Soap.

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

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New Successful Remedies

TRY:

Tannalbin in Diarrheas
Dormiol in Sleeplessness
Ichthargan in Gonorrhea
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CHOCOLATE-COATED TABLETS

HEROIN AND TERPIN HYDRATE.

Each Tablet contains Heroin, 1-24 gr.; and Terpin Hydrate, 2 grs.

ELIXIR OF HEROIN.

ELIXIR OF HEROIN AND TERPIN HYDRATE.

ELIXIR OF HEROIN AND TERPIN HYDRATE COMPOUND.

Contains Heroin, Terpin Hydrate, Refined Oil of Tar, Tinct. Lobelia, Tinct. Gelsemium.

The field of utility of Heroin comprises all diseases of the respiratory tract attended with cough and dyspnea. It is particularly valuable in the treatment of pulmonary and laryngeal tuberculosis, bronchitis, laryngitis, pneumonia, broncho-pneumonia, emphysema, asthma, hay fever, and whooping-cough.

The established value of Terpin Hydrate as an expectorant and alterative in the same class of diseases in which Heroin has been employed, especially chronic bronchitis, asthma, and emphysema, has induced us to offer the eligible combination of these drugs above indicated.

ROBT. T. YOUNG, Apothecary,
17th and Chestnut Sts, Philad'a.

SPECIFY YOUNG'S.

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tinal antiseptic sedative and astringent consisting of:—

℞ Bismuth subcarbonatis, ʒj.
Glyco-thymoline (Kress), fʒss.
Misturæ cretæ, q. s. ad fʒiij.

M. Sig.: Shake the bottle and take a teaspoonful every three hours.

It is always a good idea to give the baby an enema of a pint of warm water, in which is an ounce of glyco-thymoline at the commencement of treatment, in order that the colon may be relieved as rapidly as possible of its fermenting and decomposing contents, and the lining meet the antiseptic and healing application as soon as possible. Daily enemata of the above solution are frequently advisable.

This summer I have had fewer unfortunate terminations in my cases of cholera infantum than in previous years, and I attribute my good fortune largely to the fact that, at the instigation of Dr. A. E. Chatfield, of Cleveland, Ohio, I have added this non-irritating antiseptic, glyco-thymoline, to my internal medication in inflammatory diseases of the gastro-intestinal tract.

It has proved to have these advantages: It is antiseptic; it is non-toxic in the dose given; it is non-irritant; it is healing. It is about the only antiseptic that can be safely given to children.

Removal Notice.

The value and popularity of William R. Warner & Company's preparations is attested by the fact that again within a comparatively short time they have been obliged to remove their Chicago branch to more commodious quarters. They are now located in the new "Warner Building" at 47 Franklin Street: one-half block west and north of their previous location. This building (containing five stories and basement) was designed expressly for the growing needs of their business, and is supplied with all the modern conveniences. With such a large amount of additional space at their command, they will be able to carry a much larger stock, handle their business to much better advantage, and serve their patrons better and more expeditiously than in the past. We predict, however, that even their present commodious quarters will prove inadequate for their growing business in the course of a very few years.

Shall Physicians Prescribe Proprietary Remedies?

The modern tendency of the practice of medicine is to specialism. A minute and intimate study of detail is not possible with the general worker in any department. The simple limitation of time alone prevents it. Life—as the saying goes—is too short. This same tendency, which has done more than any other one factor to advance the art of medicine to the true standing of a science, is also apparent in every important interest about us. "Attention to detail," said Wellington, "gained the battle of Waterloo." So, specialism, by concentration of thought and purpose, has given power to the world through the perfection of varied commercial products. By unremitting study and research, by constant application, the persistent delver in any one line discovers refinements of manipulation not observed by the casual worker, no matter what may be the general skill of the latter. As this fact is recognized when once attention is directed to it, it seems remarkable that certain physicians should take exception to a proprietary preparation—simply because it is such—without regard to merit. Often, in fact, carelessly classing such preparations with patented, secret nostrums offered as universal cure-alls. It would seem that there is engendered in the minds of some an antagonistic spirit against any preparation commercially presented, as if the underlying impetus was

(Continued on Advertising Page 22.)

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THERE IS ALWAYS ONE BEST

And the Best

Sutures and Ligatures,
Surgical Dressings, Absorbent Cotton,
Adhesive and Medicated Plasters,
Etc., Etc.,

Are Manufactured by

Est. 1883.

Trade Mark.

J. ELLWOOD LEE COMPANY,

"The Home of Asepsis"

CONSHOHOCKEN, PA.

Sole Manufacturers of the Dr. Deimel Linen-Mesh Surgical Dressings, Supporters, and Suspensories.

IMPERATIVE NEEDS

for the Summer invalid—strength, nervous force, constitutional vigor— are always met by the use of

GRAY'S Glycerine TONIC Comp.

It's a potent and pleasant tasting remedy

THE PURDUE FREDERICK CO.,
No. 15 Murray Street, New York

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undignified and of some ulterior motive unworthy of scientific recognition. So biased are some practitioners that they construe it as unethical to prescribe anything that has not been prepared from their own prescription, or that has not been made by their neighboring pharmacist. Yet this same class will adopt the ideas and the representations of others, and will presuppose some local talent more competent to concoct an extempore combination that is "just as good" as that which has been perfected only after great expenditure of time and money, and which is maintained supreme in spite of open competition. They are also equally ready to condemn the true because their false attempts at substitution prove inert and impotent.

No intelligent physician or pharmacist will deny that there are innumerable preparations in daily use, and popularly recommended and prescribed from every drug-store, that are better prepared under special facilities of manufacture than are practicable in the ordinary laboratory. Bicarbonate of soda, Rochelle salt, ether, fluid extract of ergot, quinine, and many other substances are best prepared by those who have especially fitted machinery for such processes of manufacture. But the result is not uniform with all chemical processes, nor in all special laboratories. Tincture of iron is one of the more ordinary preparations of the pharmacopœia, yet how many educated pharmacists can prepare it so it will be uniform with a standard? Indeed, the day of home-made pharmaceuticals has passed. The array of bottles of macerating drugs in the cellars of drug-stores long since gave place to the more speedy and more scientific method of percolation, but the advent of the manufacturing pharmacist has superseded this with more uniform preparations. Yet different manufacturers, under the same manipulation and using similar appliances, turn out products of varying quality and differing from their competitors who are presumably possessed of like general ability. So, throughout a vast quantity of substances of economic use, the resultant wish would be, among experts, for only the product of a certain manufacture. It is a law of Nature that the fittest shall survive.

If this view of the question be correct, why should it be presumed—as is at times asserted—that so subtle a preparation as wine of coca may be extemporaneously made that will equal the skillfully prepared product made with all the advantages and resources of the establishment of Mariani, of Paris, France? Here is a laboratory exclusively devoted to the production of coca preparations. This chemist has devoted nearly half a century to the perfection of the famous tonic wine which rightly bears his name. While vin Mariani is a proprietary preparation, it is in no sense a secret remedy, but is prepared after the French codex to present the force-giving qualities of coca, with the mild tonic of a wholesome wine. In this form it is generally admitted to represent, not only the true properties of coca, but also to be the most available form for administration of that substance. The research which devised this unique combination, the money expended in experimentation leading to its perfection, the constant care in selection of appropriate coca-leaves, and the choice of a suitable wine—both of which are watched by experts during their development—the immense pecuniary outlay in processes of manufacture and in distribution, can only be adequately repaid through the success following the general acceptance of a worthy product. That extreme care has brought perfection followed by success entitles its originator to reap the full benefit accruing from the commercial distinction which has made the name Mariani synonymous with coca. That vin Mariani is conscientiously prepared; that it is introduced to the medical

(Continued on Advertising Page 24.)

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A PRIVATE HOSPITAL FOR MENTAL AND NERVOUS DISEASES.

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Extensive and beautiful grounds. Perfect privacy.
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"It is a standard in my armamentarium."
CHARLES A. L. REED, M.D.

MAIZO-LITHIUM

LITHIC SOLVENT DIURETIC

Genito-Urinary Sedative.

Subdues Inflammation of Mucous Surfaces of Urinary Passages. Indicated in Cystitis and Urethritis, Acute or Chronic. Impedes Development of Gonococci.

The chemic union of Maizenic Acid—*from Green Corn Silk*—with Lithium, resulting in MAIZENATE LITHIUM. 2 grs. to drachm.
DOSE—1 to 2 drachms.

"Three Chlorides (HENRY) is my favorite formula."
G. FRANK LYDSTON, M.D.

HENRY'S THREE CHLORIDES.

(*Liq. Ferrisonic Henry*)

A Potent Stimulant to the Glandular System. Promptly Reconstructive in Local or General Disturbances of Hard or Soft Tissue.

TONIC, ALTERATIVE, STOMACHIC.

Indicated in Anæmia, Chlorosis, Specific Invasions, and Convalescence.

Each fluidrachm contains:—
1-8 gr. Protochlor. Iron.
1-128 gr. Bichlor. Mercury.
1-280 gr. Chlor. Arsenic.
Calisaya Alkaloid Cordial.

"The formula of HENRY'S Tri-Iodides commends itself to the profession." A. M. OWEN, M.D.

HENRY'S TRI-IODIDES

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Resolvent, Regenerant, Antiarthritic, Antirheumatic, Antisyphilitic. Excites Normal Lymphatic Energy, Hastens Waste Elimination, Encourages Resolution, Energizes Iodides and Salicylates.

Colchicine, 1-20 gr.: Decandrin, 1-10 gr.: Solanin, 1-3 gr.; Sodium Salicylate, 10 grs.; Iodic Acid (equal to 7-32 gr. of Iodine), in 2 fluidrachms of Aromatic Cordial.

HENRY PHARMACAL CO.,
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VEGETABLE DIGESTIVE FERMENT

DIGESTS ALL FOOD INCLUDING STARCH IN ALL MEDIUMS UNDER ALL CONDITIONS

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POWDER
ESSENCE
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THE AMERICAN FERMENT CO.
JERSEY CITY, N. J.

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profession in an ethical way; that it has stood, not alone the mere test of time, but is constantly increasing its sphere of usefulness; that its advocacy has steadfastly sustained interest in the parent plant when sensational assertions have led some to doubt the efficacy of coca, are but incidental, yet potent, reasons why its support as indorsed by hundreds of thousands of physicians throughout the world is not only scientifically correct, but purely as ethical as is the use of any other pharmaceutical preparation. Vin Mariani, as a reliable adjuvant in the time of need to support the patient, with or without other remedial measures, should not only be considered a welcome boon, but should be championed by every conscientious physician who believes that worth makes might, while all such will equally agree that substitution is an affront which should excite personal condemnation.

A Laboratory for Poisons.

It's a wonderful laboratory, this human body. But it can't prevent the formation of deadly poisons within its very being. Indeed, the alimentary tract may be regarded as one great laboratory for the manufacture of dangerous substances. "Biliousness" is a forcible illustration of the formation and absorption of poisons, due largely to an excessive proteid diet. The nervous symptoms of the dyspeptic are often but the physiological demonstrations of putrefactive alkaloids. Appreciating the importance of the command, "Keep the bowels open," the physician will find in "laxative antikamnia and quinine tablets" a convenient and reliable aid to Nature in her efforts to remove poisonous substances from the body. Attention is particularly called to the therapeutics of this tablet. One of its ingredients acts especially by increasing intestinal secretion, another by increasing the flow of bile, another by stimulating peristaltic action, and still another by its special power to unload the colon.

Reliable Animal Extracts.

Physicians would get better results from the use of pepsin, pancreatin, thyroids, suprarenal capsules, and other remedies of animal origin if they would, when prescribing, specify the Armour products, because the preparations emanating from the Armour laboratory are made from absolutely fresh raw material: material that is put into process of manufacture before it has had any opportunity to become tainted. There is always danger of ptomaines in goods made from glands or membranes that have been shipped long distances and subjected to exposure due to delays. Another good reason for specifying the Armour preparations is: they are pure, and may be relied upon in all cases where such articles are indicated.

Tonic Beef.

Unlike some beef preparations, "Tonic Beef" is not simply a stimulant-tonic, but a nutritive-tonic as well, representing, in a soluble, predigested form, the nutritive constituents of prime beef, wheat, and fresh eggs. It is readily assimilable, when the gastric functions have been disturbed by disease or as a result of pathological changes in the system.

The beef, which forms one of the essential constituents of this product, has been carefully selected, and the creatin and xanthin bases which are likely to produce and sure to intensify gastric derangements have been removed before it is used in this product.

Everything has been discarded but nutritive and stimulant properties of beef, and these have been preserved in a palatable permanent form. The nitrogenous as well as the non-nitrogenous constituents of hulled wheat, which have been carefully predigested, are combined with this pre-

(Continued on Advertising Page 25.)

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THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XXIII. PHILADELPHIA, AUGUST, 1901. No. 8.

Clinical Lecture.

KELOID. — VITILIGO. — ALOPECIA CIRCUMSCRIPTA.—ICHTHYOSIS.[1]

BY JOHN V. SHOEMAKER, M.D., LL.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

KELOID.

GENTLEMEN: Upon the breast of this man, who is 30 years of age, situated over the sternum and a little to the left of its middle line, are two distinct patches, raised above the general level, of a dark-red color, a hard and dense consistence, and extending outward a number of claw-like processes. The lesions are sometimes the seat of pain. The disease has been in existence for nearly a year.

We have evidently before us a new growth of the integument. This is no mere inflammatory infiltrate, of which we might hope to promote the ultimate absorption, but it is a neoplastic development of the fibrous, or connective-tissue, elements of the corium, or true skin. This fact is indicated to me by the density of its structure and its contractile tendency, which has corrugated the surface. The lesion to which it bears the nearest resemblance is an hypertrophied scar. Its color, consistency, history, and the pain to which it gives rise, however, distinguish the present lesion from cicatricial tissue.

The case is an example of a disease termed keloid, in allusion to the claw-like or crab-like processes of which I have spoken. Keloid begins as a small, hard, slightly elevated nodule or tubercle, which gradually increases in size until in some instances it acquires enormous dimensions and fantastic shapes. The growth may be single or many may co-exist. The surface is usually red, but it may be whitish. The epidermis surmounting the tumor is thin and smooth. The sternum, as in the case now before us, is a favorite locality for the development of keloid. It occurs on various other portions of the body, as you have witnessed in this clinic, but is apt to spare the face and ears, although you may remember a very pronounced case involving the lobule of the ear, which was shown to the class. Pain is caused by compression of the growth, and is sometimes spontaneous. The progress of the disease is generally slow.

Keloid is most common among people of middle age, but is by no means strictly confined to this period or to either sex. It is usually consecutive to some injury or disease of the skin. Negroes are particularly susceptible. The present case is an illustration of the latter mode of origin. The keloid occupies the position of a former lesion of tertiary syphilis.

At first sight it might seem a simple sur-

[1] Delivered in the amphitheatre of the Medico-Chirurgical Hospital.

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gical procedure to remove swiftly and radically such an outgrowth by means of the knife. The operation, indeed, presents no difficulty, but this is one of those diseases in which one is compelled to ask himself: *cui bono?* The disease almost inevitably recurs soon after the removal, and not infrequently reaches a larger volume than it had at first attained. Many methods have been proposed and practiced in the hope of extirpating the growth and overcoming its unfortunate tendency to return. Some have scarified the fibres freely and deeply, some have advocated continued light compression, while others have employed caustic agents. An alternation of scarification and electrolysis has been thought of service. Donovan's solution,—liquor arseni et hydrargyri iodidum,—codliver-oil, potassium iodide, and a few other remedies belonging to the group often called alteratives, have sometimes been thought to possess some value. If pain is sufficiently prominent to demand relief, we may have recourse to full doses of quinine, opium by the mouth or hypodermically, etc.

The most promising manner of treating keloid is by the systematic and continued application of the galvanic current. The positive pole, or anode, is placed against the back of the neck and the negative pole, or cathode, over the growth. Every day a current of from 15 to 20 milliampères is passed directly into its substance. This practice is kept up for weeks, when we may begin to observe diminution of the tumor.

Vitiligo.

A little mulatto girl, 5 years of age, is brought here on account of a white patch situated upon the forehead and temple over the left eye. The corresponding eyebrow and eyelashes and a portion of the hair upon the left side of the scalp above the forehead have lost their color and become white. The contrast between the normal and decolored surfaces is sharp and distinct. The implication of the hairs need not surprise us when we remember that both the cuticle proper and the hair, which is but an appendage of the skin, owe their pigment to the mucous layer, or stratum Malpighii.

The mother first noticed this loss of color about six months ago, after the child had passed through a long and severe attack of whooping-cough. She had not suffered from any eruptive fever.

Whitening of the skin is called vitiligo, or leucoderma. This anomaly of pigmentation constitutes the disease *in toto*. The glandular components of the integument are unchanged. In addition to the lack of pigment in the main portion of the patch there is generally to be perceived an accumulation of color around its borders, inclosing, marking out, and defining, as it were, the colorless area. The spots or patches are of a milky-white hue, sometimes tinged with a faint pink, perfectly smooth, neither raised nor depressed, and of normal sensibility. Vitiligo is more frequent among negroes than whites. In the Caucasian race it is principally brunettes who are attacked. Patches vary much as regards size and shape. The hair of the affected region usually, but not always, parts with its color, as in the present instance. The patches generally enlarge slowly, and at length they may involve the greater part of the body. This is the origin of the accounts which we sometimes read in the newspapers of a negro "turning white."

Vitiligo occurs in both sexes and at all periods of life. It is by no means a common disease, and yet you have probably all met with examples of it in the negro. It stamps the countenance so strangely that it can never be overlooked. The hands are also favorite seats of this affection. It depends upon some perversion of innervation, and this itself is often due to some antecedent disease: in this instance whooping-cough.

Mustard, turpentine, ammonia, croton-

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oil, and other irritant agents have sometimes been employed in the hope of determining a deposit of pigment in the affected areas. These measures are, unfortunately, of no avail. The galvanic current is of more value than any other means at our command. If it cannot restore the normal pigmentation, it will at least remove the accumulation of color around the margins of the patches and these serve only to accentuate the disfigurement. Of course, in any given case we will endeavor to correct any defects of the general health. In the case of this child, for example, who has lost flesh and who is debilitated, we shall place her upon 10 drops of syrup of ferrous iodide three times daily, in association with a teaspoonful of codliver-oil. After she has been taking this for a short time we will apply a weak galvanic current, especially around the borders of the lesion.

Alopecia Circumscripta.

A man, 35 years of age, has been troubled for six weeks by the development of a bald patch upon the back of the head. On every other part of the scalp his hair is perhaps as thick as ever. No pain has attended this fall of hair. His general health is said to be unaffected. His appetite is good and bowels regular. The bare spot is of a reddish color. The scalp is covered with greasy crusts, representative of seborrhœa sicca, and has an offensive odor, caused by decomposition of the sebaceous material. The hairs can be easily extracted. They are dry and devoid of polish. Notwithstanding his assertion of unimpaired health, the action of his heart is very turbulent, and he acknowledges, when questioned, that he has some dyspeptic trouble.

Baldness in patches is known technically as alopecia circumscripta, or alopecia areata: circumscribed or areated baldness. The disease is readily recognized. The only malady with which it is likely to be confounded is tinea capitis. Circumscribed baldness usually begins more abruptly than ringworm of the scalp, while the latter affection is characterized by the peculiar ragged or nibbled appearance of the hairs, some of which are broken at the point of protrusion and represented by black dots upon the surface. If doubt lingers, we can appeal to the microscope as an infallible criterion.

Alopecia circumscripta generally begins suddenly in a small spot or spots, which appear without any warning, either at the same time or in succession. The disease may attack any part which is furnished with hairs, but, naturally, it is upon the scalp that it attracts most attention, and is of the most importance. It is a more unsightly blemish than the ordinary alopecia, which is so common, although in exceptional instances the patches extend and collide until the alopecia is complete, and the whole scalp is denuded, while at the same time the eyebrows and eyelids may fall. This form of the affection constitutes a singular aspect. The hairs drop out of their follicles without being broken. The patches are usually roundish or oval, but sometimes they exhibit a lengthened or irregular outline. The skin of the affected areas may be somewhat reddened in the beginning, but is apt to be pale at a later period. It is more or less insensitive. There may be itching; but, as a rule, this symptom is either entirely absent or very inconspicuous. Histologically but little change has been detected.

No age can claim exemption. Quite a number of young children have been exhibited in this clinic afflicted with alopecia circumscripta. The trouble not infrequently follows some emotional shock, injury, or disease of the nervous system.

The treatment of alopecia circumscripta is by general and local means. Most patients require some regulation of habits and attention to the general health. This man is an example. He has impaired digestion and an irritable heart. It is sometimes necessary to give remedies which will

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assist in the digestion of food. Where there is a decided nervous element in the case, phosphorus, arsenic, iron, quinine, or cod-liver-oil are beneficial. Locally our aim is to excite the activity of the hair-forming apparatus. Among agents much employed are mercurous oleate, naphthol, sulphur iodide, thymol, resorcin, and cantharides. Galvanism has both a local and a general influence.

Applying these principles to the case in our presence, I shall order him to take internally:—

℞ Creasoti, *m*ij.
Pepsin. pur., gr. iij.
Strychninæ sulphatis, gr. $^1/_{60}$.
M. et ft. in capsula.
Sig.: One such capsule after each meal.

As a local remedy he shall have:—

℞ Aquæ eucalypti, ℥iv.
Spir. rosmarini, ℥ij.
Ammonii chloridi, ℥ij.
Hydrargyri chloridi corrosivi, gr. x.
—M.

Ichthyosis.

A little girl, 5 years of age, has been afflicted since her second year with a disease which is somewhat of a rarity. In front of the left knee the skin is dry, rough, dark colored, and covered with a furfuraceous desquamation. Upon the affected surface the natural lines and furrows stand out prominently, and this arrangement produces an appearance as if the skin in this situation was marked out into islands. This aspect is characteristic. The papillæ of the affected surface are evidently enlarged. The child's hair is dry. The sweat-glands of the seat of disease are occluded, and there is never much perspiration in this region. The discoloration is due to particles of dirt which lodge upon the rough surface and are difficult to remove. In old cases, and especially if there has been any neglect, the color becomes very dark. The disease has not caused the child to suffer. There has been no itching or pain.

It is evident that in order to identify this affection we must look in the class of hypertrophies. The epidermis and the papillary layer of the corium are markedly increased. This fact, taken in conjunction with the island- or plate- like arrangement, is indicative of ichthyosis.

This disease begins in early life. In some cases, like that now before us, it is limited to a certain restricted territory. As a rule, however, it is more widely spread. The scales may be thin and branny, as in the present instance, or they may be large and thick, resembling those of a fish. The thickness and color of the scales, as well as the extent of surface involved, vary according to the duration of the malady, and, to some degree, according to the care taken of the patient.

The milder cases, of which this is an example, are termed ichthyosis simplex. The more severe form is denominated ichthyosis hystrix, because the scales assume a horny and spinous appearance, like those of the porcupine, hystrix being the name for that animal in the Greek. In other cases the hide is comparable to that of the alligator.

The subjects of ichthyosis are sensitive to the cold, and the disease is worse in winter than in summer. Temporary improvement sometimes occurs during the warmer portions of the year.

Ichthyosis is unamenable to treatment. The persistent use of arsenic and codliver-oil seems to have some limited influence for good. The systematic employment of small doses of pilocarpine has been thought to produce some amelioration.

Alkaline washes or baths, inunction with codliver-oil, and, in some instances, removal of the accumulated scales by means of a dull instrument are the local methods employed.

In the present case the surface shall be cleansed by sapo picis once or twice a week,

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and the child shall be placed upon codliver-oil and maltine.

Original Communications.

ADDRESS TO THE BERKS COUNTY MEDICAL SOCIETY BY THE RETIRING PRESIDENT.

By F. W. Frankhauser, M.D.,
READING, PA.

Mr. President and Members of the Berks County Medical Society: At the beginning of the new century it is well to look back over a few years of the last and make a kind of retrospect concerning the work and position of the pathologist, bacteriologist, and the chemist. Our best diagnosticians have been our best pathologists. Long since the study of inflammation, with its local manifestations of pain, heat, swelling, discoloration, and impairment of function, has been observed; but who has found the cause of the local manifestations? The pathologist, with his microscope, in his study. It is not enough to know that a stasis occurs in the circulation, accompanied in many cases not only by loss of tissue, but often of the parts themselves. Early in the century very little of the pathological changes due to disease were known, and even now much remains to be proved.

Have you not noticed, in your study of diseases in the post-mortem room, with what regularity those changes take place? Just as the growth of normal tissue has its normal regularity, so has disease.

Pneumonia in any part of the lungs presents the same conditions as in another, with the exceptions relative to the duration and character of the disease. Phthisis has its own peculiar regularity of inflammatory products; first engorgements, then deposits, then a breaking down of tissue. In the miliary form the minute tubercle; then the breaking down, not only of the lung-tissue itself, but also of the body, and by a very rapid process. Does not carcinoma of any part of the body have the same induration, the same changes produced by the dying of the tissues in masses? Typhoid fever has its infection, its Peyer's patches, its implication of the nervous and digestive systems, all of a regular character, depending upon the amount of infection, the conditions of the patient before, during, and after the infection, and upon the environment of the individual.

Now, if these are facts,—which cannot be gainsaid,—how can we account for certain symptoms, how can we understand or explain them if we know nothing of the tissue-changes taking place?

There is no doubt that certain conditions which we do not as yet know must be present before infection can take place. It is certain that the human race may supply a something which is fatal to microbes as they enter the body, or else we would all have been swept from the earth's surface centuries ago.

The etiology of all disease is the pathological changes taking place before and during the infection of the disease when of an infectious character. The ptomaines keep up the infection until the system supplies the antiptomaine, which destroys the poison, either through its natural functions, or by artificial means, or until the system is overcome by the poison. How often have we met with symptoms which we could not understand, simply because we could not comprehend the pathological changes which were occurring or had taken place? How have those changes been discovered? Simply by the study of the diseased organs in the post-mortem room. Our great diagnosticians became so only after devoting a great deal of time to the study of the pathological conditions. Hunter says: "Nature is always uniform in her operations, and, when she deviates, is still regular in her deviations."

We find where a diseased organ has been removed as in cancer, which might have

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been caused by embryonic tissue, that the wound heals very kindly.

How often does recurrence take place? Does it occur because the diseased tissue was not thoroughly removed, or because some embryonic tissue remained, or was reformed, and the disease again involved parts? How few of us, if any, possibly now can tell how the first changes take place, where and how from the normal to the pathological! In nearly all cases there is a local manifestation, as well as a systemic disturbance, when by exclusion and association we finally locate the disturbing factor. Why we should have in inflammatory rheumatism a deposit on the mitral valves, interfering with the circulation, has as yet not been explained to our entire satisfaction; but we can all testify to the fact that it does occur. What that is which has been termed heredity is still uncertain, call it embryonic tissue or what you will. The fact remains that certain persons or families are more prone to some diseases than others, or how could you trace the tubercular or cancerous history sometimes in three or four successive generations? In the nervous system and its diseases the changes have in many cases not been noted sufficiently to explain many of the localized conditions. That some changes do occur there is no doubt; but where, how, or what we cannot as yet say. We have the manifestations of hysteria and those of what is known as neurasthenia; but exactly what are the pathological changes we cannot explain. Again, when restitution takes place, when the diseased organs change from the abnormal to the normal, whether Nature in some way checks the changes, or whether in all cases Nature throws out an antiptomaine and arrests disease; or how it makes the change, and an induration is absorbed, an inflammation subsides, or an ulcer stops sloughing, and granulation takes place we do not know. That it does we are certain, but can only ask how?

What part the red and white corpuscles play we do not know. We hope the changes take place by our assistance, and that at no time is the change interfered with or retarded by our intervention. Have you ever stopped to think how wounds heal by first intention or otherwise? How the serum and lymph is thrown out, new tissues form, uniting the old, and in a short time are as useful as before, and only a scar remains? I doubt whether in ulceration in typhoid fever even a scar remains to show where the ulceration had been, after complete restitution has taken place. In tubercular diseases of the lungs, where restitution occurs, cicatrical tissue forms, and can be found on the post-mortem table. Bacteriology also plays an important part in the rôle of diagnosis. This is the newest branch in the science of medicine, and already occupies an important place. The bacteriologist says that many diseases are caused by bacteria, and proves his statement by finding the bacteria in the lesions of the disease or in the secretions. He tells us that the disease known as tuberculosis is caused by the bacillus tuberculosis, and has found the parasites, the severity of the disease being shown by their abundance, and improvement being manifested when their numbers are diminished. In diphtheria he has found the Klebs-Loeffler bacilli, as the chief factor in the disease, the membrane being caused by ptomaines given off from these bacilli, showing how active they must be when they are once started upon their work. It has been conclusively shown that they are or may be found in the saliva of healthy persons, where I presume they are destroyed, as they did not find the proper soil in which to grow or reproduce themselves.

Streptococcus pyogenes, the micro-organisms giving rise to erysipelas, has also been found as the cause of that once dreaded surgical affection. Staphylococcus pyogenes aureus is the cause of pus; our older surgeons well remember the teaching that *laudable pus* was indicative of favorable

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progress of the wound. It once would have been a miracle to have amputated an arm or a leg without the discharge of pus. To-day pus in an incised wound properly treated would be considered due to carelessness; or, in other words, would be impossible under proper precautions. Bacillus anthracis is the cause of malignant pustule.

Bacillus typhosus has been found, and from reports that we see in the daily papers they have found a fertile soil, not only in this city of Reading, but all over the country, cutting down, by its ravages, some of the most useful citizens, regardless of age or of social position. The death-rate seems to have been high; just what the percentage is I am unable to state at this time.

The gonococcus has also been found, and is one that has played havoc with the human family for centuries, but was known by the name of the disease, and not by the germ name. That it has caused the death of many persons directly or indirectly no one would deny.

The bacillus of leprosy has likewise been discovered, and under the microscope is a beautiful specimen. The parasite of malaria, or plasmodium, has been detected in the red corpuscles of the blood, and at once explains why we have that anæmic condition so well marked in malaria. There are, no doubt, many bacilli yet to be isolated or found. It is possible that all diseases are caused by some kind of parasite. With all those organism found in the various diseases, is it any wonder that a celebrated pathologist and bacteriologist said: "Those damned microbes killed my boy." I can almost say as much: they killed my daughter.

The chemist: Has he kept pace with the modern diagnostician? No; he lags in the rear; he has been experimenting with many things, both organic and inorganic, and very often we see heralded some new idea, or preparation, representing the "Fountain of Youth," or cure-all for all the ailments to which the human family is heir.

We all follow, and ultimately find that we have been deceived, and, when one specific, so called, dies out, another takes its place. We all know it is a fact that many preparations on the market to-day are only specifics in the eyes of the manufacturing pharmacist. They have an intestinal antiseptic, a sure cure for typhoid fever. *It will do it*! in a week or less, some even forgetting the pathological conditions present, and allowing their patients to eat all forms of solid foods, knowing that the digestion is markedly interfered with by the disease; such is typhoid fever. The chemist knows what the pathologist and bacteriologist have found, as the causes and effects of disease, but he has discovered a specific for a few diseases only, namely: syphilis, small-pox, and malaria.

Such diseases as tuberculosis of the lungs and typhoid fever seem to be as malignant as at any time, if the attack is formidable. How many of you, meeting a case of consumption or of typhoid fever, can feel at all certain, early in the disease, as to what the outcome will be even in the mildest case? In severe cases how much more uncertainty there is!

In diphtheria the serum treatment is at present being tried, and in a measure has proved successful; but it is not a specific by any means, while we do not hear of whole families dying from that disease, at this time, as we did formally. It is only a short time ago when we saw in the papers of the death of three children in one family in an adjoining village. Whether the serum treatment had been used or not I am unable to say.

In many of the diseases of to-day and the mode of treatment there is still a marked uncertainty; whether due to the peculiar disposition of the individual or not remains to be seen. The facts are that the mortality is still too high to allow us to believe that the chemist has in any way nearly filled his mission. It may be that in serum treatment we will find a panacea for all the ills

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of mankind. It may be in the inorganic kingdom. It may be we will never know what is that antiptomaine or antitoxin, or whatever we may term it, in the human system, that has the power of destroying disease-germs. When we see the number who die yearly from that infectious disease known as tuberculosis, and think in how many the embryonic tissue is present in adult life, and yet how few succumb to the disease, and remember it has been so, as history tells us, for at least six thousand years, and that to-day the population is larger than it ever was, regardless of floods, pestilences, plagues, contagions, infections, syphilis (that great destroyer of vitality), of wars that have destroyed millions of the best selected men, and then we can hardly help but think that much of it is not due to what we teach and practice, to the wonderful advances made by science in general, and in medicine in particular, whereby we are, in a manner, able to destory a few of those germs which the bacteriologist has found, and a host which he has found which we cannot as yet destroy to a certainty and undoubtedly.

There are a great many bacteria yet to be discovered, of whose history and life, or of whose actions on the human body, we know nothing, except by local manifestations and constitutional disturbances. When we can overcome the individuality of our patients, whatever that may be, when we can make our diagnosis of diseases regardless of family histories, when the chemist has supplied us from his laboratory with preparations which shall act in the human economy as they appear to do in the laboratory, then, members of this society, there shall dawn upon us, not only a new century of time, but the millennium in the practice of medicine, and the answer now so often made to inquiries—"I do not know"—will, in medicine at least, be a thing of the past, where instead of as now, when the surgeon or the obstetrician is armed by a host of instruments, sterilizers, etc., the physician and surgeon will be armed with a small pocket-case labeled with specifics for all diseases to which flesh is heir.

Then not only the quack and irregular practitioners as now, who are the only ones who have specifics, but also the *regular* may have them safely stowed in his case and ready for use.

You can readily see that the greatest room for improvement is not in the pathologist or the bacteriologist, but in the chemist, who has supplied us with so many things that *"May do,"* but generally *"Do not do,"* of which we are never certain as to what results we will get until we have used them, and then very often find it is not the desired effect. Let the chemist, then, give us such materials, either in extracts, tinctures, solutions, or alkaloids, or in any form, so that we can depend upon them in the sick-room.

THE THERAPEUTIC BENEFIT OF MUSIC.

By John V. Shoemaker, M.D., LL.D.

For the first time in the history of civilization attention has now been directed to the injuriousness of noise to the nervous system of mankind, and noises have been properly resolved into the avoidable and the unavoidable. In health, it must have been observed, the mind accommodates itself to unpleasantness overbalanced by necessity, as in the cases of the sounds of the trolley, steam-car, and many others, but does not reconcile itself, for instance, to such a thing as the lesser noise of a shutter wildly slamming, nor, if a seaman's, to a boat's monotonously creaking all night at a ship's davits, because, in both cases, the nuisance is known to be easily avoidable. It resents shouting and yelling for no other purpose than to make a noise, or meaningless whistling by the simpleton of whom Dryden speaks, as one who "whistled as he

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went, for want of thought," but not necessarily many other noises equally loud and persistent. In brief, it instinctively tolerates the unavoidable and resents the avoidable infliction of noise, because neglect or indifference in the latter case, but not in the former, is apparent. The highest point of practical knowledge, however, to which the average physiologist had reached at the beginning of the nineteenth century was indicated by his practice as a physician of having a house-bell or knocker muffled and a street covered with tan where a person lay dangerously ill. But now many signs point to the fact that he has made a distinct advance in realizing that the present closer quarters of civilization have brought with them many injurious noises even to the well!

Probably the earliest record extant of the physiological effect of rhythmical sounds is to be found in the Old Testament, in the account there given of the soothing effect of David's playing the harp and singing before King Saul to dissipate his melancholy. Darwin mentions several times, in his letters, the agreeable thrills that he felt down his back whenever he listened to what he heard called good music. This, a common experience among musical people, is doubly remarkable as having included him, for, according to his own confession, he had but little ear for music, although great enjoyment of it. The fact goes to show how potent for good must be the influence of music when such a person can be pleasurably affected by it. The Greeks, the most refined of the ancients, enhanced the pleasure of their festivals and feasts by the introduction of music in them, and it cannot have escaped the notice of the most unobservant that music, so soft as not to interfere with conversation, is the highest touch that can be lent to a dinner otherwise elegant in the apartment where it is served, in its *menu*, and in its other appointments.

It is thus to be seen that music is the very antithesis of noise. Yet dissonance has its share even in music. Consonance makes musical tone, and dissonance, noise, which is only stating the fact by the literal meaning of the words; but dissonance is, nevertheless, sometimes introduced to enhance by contrast the beauty of music. It is, however, only sparingly introduced, for, otherwise, it would not enhance, but would destroy, musical effect. It must be admitted, however, that music, even if dissonant, cannot be denied to the performance of the savage because the civilized man cannot perceive it there. It must be regarded as such wherever it affects the emotions, however rude. The day must have been when, in the darkness of long-buried centuries, it all had beginning in the noisiest forms. Even now the children of culture, not less than those of the uneducated, love sounds which grown people correctly deem noise because of its unrelated vibrations. In fact, it has only been very gradually that has arisen the vast form of music now existing for the expression of all refined human moods. The theme, in the sublimest, wanders away in pleasant paths, returning to the strain to which interest has especially clung, until it ends with sadness, solemnity, or triumph, and the fairy creation at last vanishes into thin air.

Human life is an epitome of highly organized nervous conditions related to the external world, acting and being reacted on by it, pleasurably or otherwise, through passions, emotions, and physical sensations of various and opposite kinds. Being such, it is subject in a thousand ways to stress, in which the infliction of discordant sounds bears its part. It is not alone by scenery, fresh air, and leisure that the overwrought inhabitants of cities are benefited by sojourn in the mountains or at the sea-side. Not only is there, away from the hives of industry, absence of intrusive noises, but, in lieu of them, Nature provides the songs of birds, the sound of the leaf-rustling

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breeze, of the surf tumbling on rock or beach, and the solemn roar of the cataract. These are, in their subtle way, related to restfulness, and bear so largely healing on their wings that it is not wild to hope that the philosophical physician may some day see his way clear to prescribe, not only them, but administration of music to a bed-ridden neurotic patient, or to one convalescing from any disease.

It has long been known how agreeable music is to the insane, but the popular impression on the subject is that it generally acts with them as a distraction, or, with some, as a fascinating kind of purely æsthetic enjoyment. But if the facts in the case be collated, they prove conclusively to anyone that the foundation of this enjoyment is, especially with them, a physical need. Recuperation acting unconsciously along the lines of self-preservation, the diseased are benefited without knowing how. When convalescing patients lie awaiting restoration to health, in placid enjoyment of the recurrence of familiar sights and sounds of life, they are benefited even by the poorish tinkling of a music-box, asked for instinctively. These facts, and many others which anyone may have observed, clearly point to the therapeutic value of music. They are conclusive that music, of a kind suited to the actual condition of the patient, may be made a potent factor in restoration, through its special influence upon the nervous system.

Different forms of music are so correlated to human moods, which represent, in fact, human needs, that the first requirement is that they shall be adjusted to one another through the acoustic laws over which sensation presides. What a vast range there is, indeed, between the frivolity appropriate to burlesque and "the lascivious pleasing of a lute" through that of martial music to the symphony and the grand mass of great composers! To a weak person, still hovering on the border-line between life and death, welcoming the dawning light of life, one would not sanely choose to introduce the rattle and shrill sounds of a drum-and-fife corps, even though heard through a phonograph. Martial music, of which this is the lowest type, does not pair with anything but exuberance of feeling from great vitality. One would not discreetly for such a patient recommend even Spanish martial music, with its often associated wild Moorish element of the barbaric blare of brass. Appropriateness for the sick means gentleness, from the strong arm of support to the hand that merely smooths the pillow for greater restfulness.

Music exerts a powerful influence upon the higher cerebral centres and from these, through the sympathetic nervous system, its effects are transmitted to other portions of the body. It stimulates the activity and promotes the nutrition of the heart, lungs, and viscera. The entire working of the human mechanism, physical and psychical, may be intensified by the beautiful art of music.

In all conditions in which healthy mental equilibrium has been disturbed the physician may, with decided benefit to his patients, have recourse to the therapeutic utilization of harmony. One of the most conspicuous examples of the power of music to improve the state of mind and body is seen in depression of spirits, or melancholia. I shall never forget an instance which demonstrated to me in the most convincing manner the possibilities of harmonious and artistically arranged sounds. As I was about to sail for Europe on one occasion I was joined by a gentleman who informed me of his intention of traveling in my company. He was plunged in the depths of melancholia. A settled gloom was depicted on his features. He took no notice of or interest in the little incidents of the ocean-voyage. The magnificent spectacle of sea and sky was to him a blank. Wrapped in his own saturnine meditations he would sit for hours motionless and speechless in one spot. Food was like ashes in his mouth.

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At night he slept little, but sighed much. In journeying through Great Britain and the Continent his apathy remained unbroken. No beauties of Nature, no association of historical interest, was able to elicit his admiration. Surrounded by a pall of depression, his gloomy thoughts and emotions centred entirely in his own dull personality. In this dismal company I made the grand tour. On our way the most eminent specialists of the chief capitals were consulted. A shake of the head, a vague and doubtful allusion to the possible advantages of travel and amusement, was all that could be obtained from my learned *confrères*. My unfortunate patient, however, could not be amused. No farce had wit enough to enliven his darkened spirits. I began to fear that the man was, indeed, past redemption. At length Vienna was reached. Among other points of interest, recreation, and amusement which we visited was Strauss's Gardens. The gayety of the scene, the life and movement all around him, were unheeded by my companion. He manifested not a spark of interest. According to program, the band began to render, with all its accustomed skill, one of those spirited waltzes with which the name of Strauss is especially connected. Somewhat to my surprise and much to my satisfaction, I, after a time, could discern a faint, but unmistakable, flicker of active attention in my friend. His eye lost something of its sad and listless look. We sat out the entire performance, and my poor friend exhibited more animation than he had for months. This was "the psychological moment," the crisis of his fate. I was not slow in following the indication. We became assiduous devotees of the divine art as represented by the Waltz King. The faint dawn of intellectual light brightened. We gradually enlarged our scope, and included grand opera and other musical entertainments for which the Austrian metropolis is so renowned. From this time improvement was steady. The patient would sometimes relapse into apathy, but the fits of gloom became less frequent and of shorter duration, until the cure by means of music, happily begun in Vienna, was completed, and he returned home sane of mind and sound of body.

The foregoing case is an apt illustration of what music can accomplish in abolishing melancholy.

The mental dejection caused by anxiety, overwork, responsibility, suspense, or dread may be relieved and, in favorable cases removed, by the judicious employment of music. In hypochondria it is of equal service, and it accomplishes good in the low-spirited brooding which is a frequent attendant of hepatic affections. Many victims of chronic indigestion grow querulous, moody, or morose, looking always on the dark side, and apprehensive of all manner of evil. Such individuals are enlivened and improved by attending concerts and operas. The bettered mental tone also reacts favorably upon the digestive functions. It assists the action of the more material remedies which may be administered in order to remove the pathological conditions which underlie the failure of digestive capacity. In a similar manner soft and soothing strains are of service in the treatment of insomnia.

There is an irritable and restless, unhealthy mental action engendered by excess of work or pleasure or superinduced by intemperate indulgence in alcoholic drinks and in which well-chosen music has a decidedly beneficial influence. A graphic illustration of this power fell under my observation several years ago in the person of an eminent member of the profession who had been laboring strenuously in the preparation of a text-book upon his special branch of practice. This gentleman, in his conscientious anxiety concerning the fullness and merits of his work, strained his physical and intellectual energies beyond the limit of endurance. He became irritable and excitable. He could no longer

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prosecute his favorite task. Sleep deserted his pillow. He was, in fact, almost deranged. Hypnotic drugs were of no avail, and even seemed to make matters worse. At this juncture some soothing tune which chanced to be sung by a child of the family made a favorable impression. The attention was arrested, the mind was calmed, and presently he fell into a refreshing slumber. This was the turning-point of the case. He began to sleep, to have some appetite, and gain strength. Work on his book was prohibited, he was sent to the country to recuperate, lived a simple life for some weeks, let his mind lie fallow, "vegetated," returned to the city and finished his book, which at once won recognition as an able exposition of its subject.

At about the time I was traveling with my melancholic patient the mind of neurologists and alienists in London had become interested in the therapeutical potentialities of music. Experiments were conducted especially among the insane, and so advantageous were the results that musical performances are now an accepted method of treatment of insanity. In Paris the same practice has been adopted with the same results, and the French have endeavored to ascertain the value of different kinds of music in different cases, particularly in diseases of the nervous system. In so serious and unmanageable a disease as epilepsy music exerts an undeniably beneficial influence.

We have in our own city an admirable witness to the effect of music on the insane. Performances have been made a feature of the treatment at the Insane Department of the Philadelphia Hospital. Among the many inmates there are always a number who possess some musical talent or capacity. These are organized into performers, instrumental and vocal. The remainder constitute a delighted audience. I have seldom experienced a keener interest in any performance than in that of those poor demented creatures who, nevertheless, exemplified the potency of that art which has been well called the divine.

Finally, I am of the opinion that much good may result from further and more extended cultivation of this field. To be of advantage music must be appropriate. We must learn how to adapt the character of harmonious notes to the requirements of the system.

Abstracts.

Extirpation of a Cancer of the Pancreas.

At the Thirtieth German Surgical Congress Dr. Franke described the case of a woman, 68 years of age, in whom he had discovered, a short time after having operated upon her for a benign stricture of the pylorus, a hard and mobile tumor in the epigastrium. He took it for a recurrent cancer, although the histological examination of the pyloric ulcer had shown a complete absence of cancerous degeneration. At the second operation he found a tumor, not very large, occupying the head of the pancreas. As the growth was movable, it was decided to practice extirpation. The operation was difficult, but succeeded without complications. The patient recovered. From the fifth to the eighteenth day after intervention there was slight glycosuria, the maximum being 30 grammes (nearly an ounce) of sugar to the litre (nearly a quart). The patient died six months later, and only one metastasis was discovered at the autopsy: in a lymphatic gland.

This case, with three others of cancer of the pancreas observed by Franke, led him to consider as the principal symptoms of that disease violent abdominal pain, occurring especially after meals, and a rapidly developing cachexia manifesting itself even before the advent of symptoms of compression of the biliary passages.—La Tribune Médicale.

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Syphilitic or Gonorrhœal Pseudomyxœdema.

At a meeting of the Medical Society of the Hospitals MM. Faisans and Audistère reported having seen in a young girl of sixteen an indurated chancre and gonorrhœa, with œdema of the limbs resembling myxœdema. The swelling formed projecting cushions above the ankles and wrists, of a violaceous color and a firm and resistant consistence. It was not spontaneously painful, but pained upon pressure. To which of the two infections, syphilis or gonorrhœa, should the œdema be ascribed? It is difficult to regard it as of syphilitic origin, for it made its appearance only ten days after the chancre, and, furthermore, was unaffected by specific treatment. On the contrary, neither myxœdema nor pseudomyxœdema of gonorrhœal derivation are known. Thyroiodine caused notable diminution of the œdema.—La Tribune Médicale.

Malarial Neuritis and Thrombosis of the Retina.

At a meeting of the Academy of Medicine M. Chauvel said that many authors had described notable and persistent disturbances of vision as common during attacks of ordinary intermittent fever and even in the pernicious form. In malarial cachexia there are generally observed retinal hæmorrhages, variable in situation and extent, often without decided influence upon the power of vision. When chief physician to the military hospital of Orleansville in 1878 and 1879 the speaker examined the fundus of the eye of all the malarial patients. In some cases he found apoplexy of the retina, but found them equally in subjects weakened by dysentery or chronic diarrhœa. He attributed them, therefore, to the general enfeeblement of the organism, to the decomposition of the blood, as much as to the specific action of the malarial poison.

Hæmorrhage is the most frequent lesion in malaria. More often peripheral than central, these apoplexies, sometimes venous and sometimes arterial, are habitually located in the layer of optic fibres, but they have been seen also in the retina.

Upon their situation, size, and thickness depend the visual disorder. Scarcely noticeable in sanguinary effusions of the ora serrata and equator of the globe, they acquire a great intensity if the hæmorrhage is central and macular. They are then more permanent, and sometimes they never completely disappear. Prognosis, in such instances, should be reserved. The production of these extravasations has been ascribed to embolism by pigmentary leucocytes (Poncet), to obstruction by blood-globules containing the parasite of Laveran, and to alterations of the walls of the vessels by the action of the toxins secreted. There is no doubt that they are often met with when the organism is profoundly involved and the cachexia advanced.

In addition to these accidents are often observed lesions of the optic nerve, the retina, and the choroid.

It is certain that in the acute febrile attacks, as well as in the later cachexia, visual disturbances, temporary in the former, sometimes permanent in the latter, depend upon defective nutrition of the deep membranes of the eye. The lesions of the nervous elements are always the consequence of this perversion of nutrition.—Le Bulletin Médical.

External Otitis Due to an Acarus.

At a meeting of the French Society of Laryngology, Otology, and Rhinology, M. Joncheray, of Angers, described a case of double external otitis with myringitis and presenting the characters of a pseudomembranous external otitis.

Otomycosis was at first thought of, or parasitic otitis of vegetable origin, which is well known and comparatively frequent.

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Repeated examinations of the membranes by an expert revealed the presence in abundance of eggs of the acarus, although it was impossible to find traces of the body of the parasite. The disease was treated almost the same as if it was of vegetable origin, and was soon cured.

External otitis due to an animal parasite —*i.e.*, an acarus—has not hitherto been described, but was foreseen by Schwartze, who admitted its possible occurrence in human beings in view of its frequency in some of the domestic animals. The patient lived upon a farm. The *Acarus folliculorum* has often been encountered, having been discovered by Henle in 1841 in the cerumen, but in the form of a complete animal, and not merely the egg. It does not, or at least is not known to, cause otitis. Examination of the eggs in the case in question led to the conclusion that they were those of another acarus than the *Demodex folliculorum*.—Le Bulletin Médical.

Metastatic Ophthalmia in Pneumonia.

At the Congress of Ophthalmology M. L. Petit, of Rouen, reported a case of ulcer of the cornea beginning in an old woman on the fifteenth day of a serious pneumonia. Subsequently there was panophthalmia. Bacteriological examination revealed the presence of pneumococci.—Le Bulletin Médical.

Alterations of the Eye Consecutive to Trifacial Neuralgia.

At the Congress of Ophthalmology M. Kalt cited two cases, one of which was that of an aged lady, subject to facial neuralgia, in whom an irido-keratitis of special form supervened after a violent attack of neuralgic pain, and lasted fifteen days, when it disappeared. In another patient there occurred, under the same conditions, a detachment of the retina on one side and on the other a peripheral chorioretinitis. In the absence of any other cause it must be admitted that the ocular troubles are, indeed, the consequence of the neuralgic pain, and that in addition to the classical type of neuro-paralytic keratitis we must recognize a group of alterations of the cornea, iris, choroid, and retina dependent solely upon neuralgia.—Le Bulletin Médical.

Hyperæsthesia of the Nasal Mucous Membrane.

At a meeting of the Laryngological Society of Berlin Dr. B. Fraenkel said that the reflex neuroses of nasal origin are determined by the hyperæsthetic nerves of the turbinals which Lewy has found in great number in patients exhibiting these reflexes. The proof of hyperæsthesia furnished by the sound is uncertain. In order to investigate this matter the author employs solutions of ammonia of different strength, and ascertains what degree is necessary in order to produce the sensation of prickling in the nose. His experiments have not yet terminated. Cocaine may also prove the existence of hyperæsthesia. If it aborts an attack, the relationship of cause and effect between the neurosis and hyperæsthesia is demonstrated. As regards treatment, surgical intervention is indicated only when the modifications of the mucous membrane themselves demand such procedures. It is generally in neurasthenia that surgical operations suppress for a longer or shorter time the so-called reflexes of nasal origin. Means which diminish sensibility may be employed. Cocaine should be applied only by the physician in cases where it must be used for a considerable time. Orthoform is of service in certain cases. The author prescribes internally in patients suffering from hay fever and analogous conditions potassium bromide, which usually gives satisfactory results. If administered before the advent of the season, this remedy may prevent an attack. As, however, patients rapidly become habituated to

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the drug, it is only efficacious in temporary conditions. Exaggerated sensibility of the nerves constitutes the most important point in the origin of nasal reflexes.—Revue Hebdomadaire de Laryngologie, etc.

Facial Neuralgia Following Nasal Catarrh.

At a meeting of the French Society of Otology and Laryngology, M. Sarremone, of Paris, related the history of a patient who suffered from intermittent facial neuralgia of paroxysmal form with atrocious pain, especially along the left superior alveolus. These neuralgic crises were preceded by catarrhal involvement of the corresponding inferior turbinated. The teeth were healthy. The nasal lesion consisted of a small mucous polyp of the middle meatus, the removal of which afforded no relief, and an hypertrophic nasal catarrh. The mucous membrane was restored to its integrity, and the neuralgia vanished. The author inquired whether the troubles were ordinary reflexes through the intermediary of the trifacial or an actual neuritis.—Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie.

Peritonitis Consecutive to Vulvo-Vaginitis in Little Girls.

At a meeting of the Medical Society of the Hospitals MM. Comby and Gadaud reported the cases of three little girls attacked by peritonitis, probably gonorrhœal, and in whom the diagnosis was at first made.

The first child was 12 years of age. She was suddenly seized, during convalescence from typhoid fever, with abdominal pain and vomiting. Laparotomy was decided upon, but was not immediately practiced, as the surgeon had not been authorized by the parents. The delay was fortunate, for on the following day there was decided amelioration, and recovery was rapid. The absence of precise localization of the abdominal symptoms and the occurrence of a purulent vulvo-vaginal discharge connected the peritoneal manifestations with the vulvo-vaginitis.

The other two cases were similar to the first. They likewise began abruptly with abdominal pain, vomiting, fever, and drawn faces. Operation was on the point of being performed when, contrary to what had been expected, gonorrhœal peritonitis, and not appendicitis, was diagnosticated. Recovery took place under a purely medical treatment, application of ice, injections of artificial serum, and morphine to allay the pain.

These cases show that a diagnosis of appendicitis should not be made in little girls without examining the genital apparatus. The agents which excite vulvo-vaginitis may, in fact, gain the peritoneum by way of the uterus and tubes, and a superficial examination of the abdomen in such cases will prompt a laparotomy, which is at least useless, since the affection is curable by medical means.—La Tribune Médicale.

Ulcerated Paraphimosis Followed by Explosive Tetanus.

A stable-boy and gardener, aged 24 years, came into the hospital on account of a paraphimosis from which he had suffered for four days. Reduction being impossible, it was loosened by incising its lower surface. The fourth day after this intervention there was stiffness of the neck; tetanus came on during the night and progressed at a frightful rate, terminating fatally upon the next night. The treatment had consisted of the injection of 10 cubic centimetres of antitetanic serum, morphine, with enemata of chloral and potassium bromide.

At the Red Cross Hospital cases of tetanus are rare in the surgical service, and only one case has been observed during fifteen years. In reference to this case M. Favre makes the following remarks: "It seems rational to admit that during the repeated attempts which the patient made with a view to reducing his paraphimosis he had conveyed directly to the preputial

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ulcers the bacillus of tetanus with which his occupation brought him into frequent contact. It should also be noted that the man took care of horses in a stable where, seven years previously, a case of tetanus had occurred in a horse.—Le Bulletin Médical.

Alterations of Taste and Smell in Locomotor Ataxia.

In a thesis upon the above subject Dr. H. Jullian passes in review the disorders of special and general sensibility. Anæsthesia of taste, often sufficiently well marked, is rarely total. Perversions of this sense are more frequent. There is "a sour taste, a bitter taste, a taste of tainted meat or rotten eggs" experienced by the patient, but these false sensations are generally temporary. Sialorrhœa seems to be the habitual attendant of these perversions of taste; the author observed it five times out of seven.

Together with these troubles of special sense anæsthesia or rather hypoæsthesia of the mucous membrane of the tongue is often encountered, but it is difficult to establish a relation between the two kinds of disturbances. More rarely the patient is afflicted with alterations of general sensibility, paræsthesia, which, notwithstanding their location within the mouth, are clearly distinct from false sensations of taste. Such are the sensations of earth, sand, pieces of glass, etc., nearly always accompanied by a flow of saliva, and usually evanescent.

The disorders of smell are parallel to those of taste. Anæsthesia of smell or anosmia, total or partial, is met with, according to Collet, twice in fifty patients. Jullian believes it to be more frequent.

As regards perversions of smell, or parosmia, less frequent perhaps than those of taste, they consist in the fact that patients perceive disagreeable odors (decaying fish or eggs, fæcal matter, etc.) in the absence of any object which could excite such sensations or of fœtid breath. Exceptionally they have the sensation of agreeable scents. Both classes of odors occur only at rather long intervals and are of short duration.

In the domain of general sensibility there is in many cases more or less complete anæsthesia of the pituitary mucous membrane, with the abolition of sneezing and vasomotor reflexes from the nose to the conjunctiva. The interest of perversions of the general sensibility, or paræsthesia of the pituitary membrane, resides entirely in the study of a special phenomenon: the *nasal crisis*. Klippel, who was the first to observe it, describes under this name a manifestation strictly analogous to the gastric or laryngeal crises, and related, as he believed, to a disturbance of general sensibility. The crisis is denoted by an attack of sneezing preceded by a subjective aura in the territory of the trifacial, and accompanied by an obstruction in the nostril of the same side. There are, however, no notable vasosecretory disorders. Klippel distinguishes these crises from spasmodic coryza; they appear only in a rather advanced stage of the disease.

Like the other sensory disturbances, cutaneous or visceral, those of taste and smell develop differently in the course of the disease. Sometimes they open the scene and are the first symptoms of the disease, sometimes they occur during the course of the malady and remain prominent, or they may appear only in the form of an acute and temporary phase. A serious characteristic is that they may terminate in insanity. Alienation may naturally base itself upon olfactory and gustatory perversions, and nearly always assumes the delusion of persecution. The patient attributes to an imaginary persecutor the false sensations which he experiences. This delusion may be the predominating symptom and obscure the diagnosis.

When these disturbances of special sense are well marked, they are associated with symptoms referable to other cephalic nerves

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and constitute, according to the author, a certain sign of disease of the upper part of the cord.—Revue Hebdomadaire de Laryngologie, etc.

Ligature of the Coronary Artery for Wound of the Heart.

Dr. Pagenstecher reports the case of a man, 39 years of age, a workman, who, with the intention of suicide, stabbed himself with a knife in the region of the heart. A half-hour later he was brought to the hospital, his garments covered with blood, and there was found, upon examination, in the fourth intercostal space, 1 centimetre (about $^1/_3$ inch) from the sternum, a wound transversely directed and about $1\,^1/_2$ centimetres (about $^1/_2$ inch) long, not at the time bleeding. The area of cardiac dullness was considerably increased; the pulse was imperceptible; there were no symptoms referable to the lung or pleura. The sounds of the heart were feeble, but pure.

The situation becoming worse, thoracentesis was performed two hours and a half after the injury. There was made, corresponding to the fourth and fifth costal cartilages, an osteo-cutaneous flap, with its base toward the sternum, and by which the bare pericardium was exposed. The internal mammary artery, which bled from its central end, was ligated. The pleura appeared to be intact, but the anterior mediastinum was full of blood and air. The lung covered the pericardium, and it was not without difficulty that the wound of the pericardium was found and enlarged with scissors. The right heart was then seen, of a grayish color, appearing thin and ready to break, bathed in frothy blood. A tampon was inserted and with the utmost difficulty the author succeeded in distinguishing the anterior groove of the heart and finally the left ventricle. It was then perceived that the left coronary artery had been divided at about 5 centimetres (nearly 2 inches) from the apex and was bleeding profusely. An attempt to seize the artery with the forceps having failed, a tenaculum was passed beneath it and both ends were ligated. The hæmorrhage was arrested. The pericardium was partially sutured. Drainage was made of the anterior mediastinum, the flap was loosely sutured, and dressings applied.

The results were at first comparatively satisfactory. On the following day, however, the temperature rose and subcutaneous œdema appeared upon the left side. On the fifth day the dyspnœa increased, and the wound was opened under chloroform. There was nothing in the pericardium. A puncture of the pleura was, however, found in the sixth intercostal space, permitting the escape of some sero-sanguinolent fluid. A trap-door incision was made, and exit was given to a large quantity of serum. The pleura was drained by a counter-opening in the sixth intercostal space. The patient seemed to be relieved by this operation, but died suddenly an hour afterward.

At the autopsy the pericardium was found full of fibro-purulent material; there was fibrous pleurisy, with atelectasis of the base of the left lung. There was an old parenchymatous myocarditis and a parenchymatous and interstitial nephritis.

The author calls attention to the fact that, notwithstanding the existence of old lesions of the heart and kidneys, his patient had survived the operation five days. The case furthermore demonstrates that ligature of the coronary artery is possible, and does not cause arrest of the heart, and that the great danger of these interventions is the development of a pericarditis due to germs introduced by the instruments.—La Tribune Médicale.

Northwestern University Medical School.—N. S. Davis, Jr., has been elected dean, and Arthur R. Edwards, secretary, of the faculty of this school, otherwise known as the Chicago Medical College.

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Therapeutic Notes.

The Uses of Adrenalin.

Adrenalin, a stable substance of pure crystalline form, is the active principle of the suprarenal gland recently isolated. Dr. Emil Meyer, of New York, writes that he has used solutions of adrenalin chloride, 1 to 1000, 1 to 5000, and 1 to 10,000. Blanching of tissues followed the application of the strongest of these solutions in a few seconds, and was very thorough. In no instance was there any constitutional disturbance. Thirty-five cases are reported. A few operative cases bled freely, but in every instance the hæmorrhage was promptly checked by a second application of adrenalin. The adrenalin was used not only as a hæmostatic, but for the relief of nasal congestion, as a diagnostic aid, and for the continuous treatment of acute inflammatory affections of the accessory sinuses.

Of the same preparation Dr. E. Fletcher Ingals, of Chicago, says that a case of daily epistaxis was relieved by sprays of a 1 to 10,000 solution. Another of conjunctival congestion from overwork was entirely relieved by the instillation of a similar solution. The author has had equally satisfactory results in cases of conjunctivitis; laryngitis, acute and chronic; acute laryngitis with œdema glottidis; acute coryza; chronic laryngo-tracheitis with acute exacerbation; and in preparation for operations upon the nose.

Urotropin in Pyelitis and Cystitis.

In the Therapist Dr. J. Pollock Simpson describes some cases in which he had employed urotropin with benefit. In a case which had proved resistant to many remedies, in a very severe paroxysm of pain, and the urine being very fœtid, he gave this drug a trial in 6-grain doses, with the happiest result; the pain was relieved in a very short time, the urine rendered free from odor or smell, the pus-corpuscles quickly disappeared from the urine, and the patient in a few weeks became free from the severe paroxysms that she had looked upon as part of herself, as she could not carry her mind back to the time when she was free from these attacks. In a case of many years' standing speedy relief was obtained by use of the same remedy. A case of cystitis in a young girl is also described in which 4 grains thrice daily was productive of great amelioration.

Colloidal Silver.

In a comprehensive review of the subject of antisepsis Dr. R. W. Wilcox, of New York, writes that he has found inunctions of unguentum Credé very satisfactory in septic phlebitis, of which an unusually large percentage has occurred in his typhoid-fever cases. He employed it as inunctions of thirty minutes' duration. In one instance of septic phlebitis following amœbic dysentery the results were almost marvelous.

Treatment of Gonorrhœa with Nitric Acid.

An editorial in the Journal of the American Medical Association says that "Popper was led to make urethral injections of a solution of nitric acid in order to avoid the generation of heat caused by the chemical decomposition of silver nitrate. Cocaine or eucaine may be added to the solution for anæsthetic purposes. In cases of acute gonorrhœal urethritis a 10- or 15-per-cent. solution of pure concentrated nitric acid was injected from three to five times daily, the fluid being permitted to remain in the urethra for one or two minutes. In the course of from twenty-four to forty-eight hours the character of the copious discharge will have changed. The urine becomes clear, and contains only fibres. The secretion is viscid and considerably diminished. In the course of five or six days at times only a

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small drop can be expressed; later only in the morning. In the course of a week in most instances the discharge is even still less. The gonococci also rapidly diminish in number in the course of a day, and disappear wholly in from five to eight days. For three or four days after the gonococci have no longer been demonstrable the injections are made but twice a day, and then but once a day. After from twelve to fourteen days astringents are prescribed for the purpose of causing the disappearance of any filaments that may yet be present. If the discharge is not increased following a seminal emission, or gonococci do not appear, the injections are gradually discontinued; so that the treatment shall be concluded in from fifteen to thirty days. In chronic cases or in the presence of posterior urethritis, a 25-per-cent. solution of nitric acid is injected once daily by means of Guyon's syringe."

Gastric Fermentation.

Dr. Henry L. Elsner, in the International Medical Magazine, gives the following favorite formulæ:—

℞ Bismuth subnitratis, 0.3.
Bismuth salicylatis, 0.3.
Pulv. ipecacuanhæ, 0.01.
Benzonaphthol, 0.3.

One such powder directly after each meal.

℞ Tinct. belladonnæ, 5.0.
Tinct. capsici, 1.5.
Tinct. gentian. comp., 32.0.
Aquæ puræ, q. s. ad 128.0.

Teaspoonful before each meal.

In much flatulence, with constipation:—

℞ Strychniæ sulphatis, 0.06.
Fl. extract belladonnæ, 0.6.
Aquæ laurocerasi, 50.0.
Tinct. gelsemii, 12.0.
Aquæ puræ, ad 128.0.

Teaspoonful before each meal.

Whooping-cough.

A formula ascribed to Lancaster by the Detroit Medical Journal is:—

℞ Belladonna tincture, 2 drachms.
Phenacetin, 1 drachm.
Spirit (Jamaica or Santa Cruz rum), 3 drachms.
Chestnut-leaves, fluid extract, 12 drachms.

Ten drops every two to six hours for an infant of one year. A child of ten years may receive as much as a teaspoonful of the mixture.

Fermentative Diarrhœa.

A formula of C. W. Canan, quoted in the Medical Record, is:—

℞ Pulv. ipecac, gr. x.
Pulv. populus, ʒj.
Pulv. capsici, ʒiss.
Pulv. nucis vomicæ, gr. x.

M. et ft. pil. No. xl.
Sig.: One t. i. d.

Acute Tonsillitis.

℞ Quinin. sulph., gr. xlviij.
Dilute sulphuric acid,
Tinct. aconite, of each, *m*xlviij.
Syrup of wild cherry, ʒj.
Water, enough to make ʒiij.

M. Sig.: ʒj in water every four to six hours, for an adult.

Locally:—

℞ Spts. chloroform, ʒij.
Eucalyptol,
Glycerin, of each, ʒj.
Tannic acid, gr. ii-v.

M. Sig.: Apply with brush three times daily.—Medical Times and Hospital Gazette.

Rheumatism and Tonsillitis.

Dr. Murrell says: "I employ guaiac resin in these cases, but chiefly as a purgative. It

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is a nasty mixture, but my patients like it —at least the effects thereof. Give 10 grains of the resin incorporated with 60 grains of honey, which dose may be gradually increased. It may be well to remember that guaiac sometimes produces a well-marked rash."—Detroit Medical Journal.

Rheumatism.

The St. Louis Medical Era says editorially that a favorite prescription is:—

℞ Potass. bromid., ʒii-iij.
Potass. iodid.,
Chloral hydrate, of each, ʒii-iij.
Glycerin,
Syr. sarsaparill., of each, ʒij.
Ess. wintergreen, ʒij.
Aqua, ʒiv.

M. Sig.: Take a tablespoonful four times a day: after meals and at bed-time.

For Toothache.

Under the name of Swedish toothache drops, the Ohio Dental Journal quotes the following:—

℞ Clove-oil,
Cajuput-oil, of each, 10 parts.
Chloroform,
Acetic ether, of each, 5 parts.
Menthol, 3 parts.
Camphor, 1 part.

Dissolve. For application to the tooth.—New York Medical Journal.

Gastric Ulcer.

Sir Lauder Brunton states that he can stop the pain in a large percentage of cases by the administration of sodium bicarbonate. He instructs the patient to dissolve one teaspoonful of the soda and slowly sip the solution until it is gone. He thinks it better to dissolve the soda in lime-water, flavoring it with some of the mint waters. His reason for using lime-water is that the sodium bicarbonate in plain water might soften the tissues to a great degree and thus predispose to hæmorrhage. To lessen the constipation caused by the lime, fluid magnesia may be given in conjunction with the soda:—

℞ Spts. menthæ pip., ʒiss.
Cretæ prep., ʒss.
Mag. carb. calcined,
Sod. bicarb., of each, ʒj.

M. Sig.: One teaspoonful should be stirred in half a tumbler of water and slowly sipped until the pain is relieved.—Journal of the American Medical Association.

Summer Diarrhœa of Children.

℞ Tannalbin, ʒij.
Spirit of cinnamon, ♏iij.
Aromatic powder,
Sugar, of each, gr. xv.

M. Make fifteen powders.
Sig.: One every two or three hours.

Acute Infectious Diarrhœa with Pain.

℞ Tannalbin, ʒiss.
Calomel, gr. j.
Dover's powder, gr. xv.
Saccharin, gr. 1/4.

M. Dispense as twenty powders.
One every two hours for first three doses, then every four to six hours for child of one year; two powders per dose for child three years old.

Summer Complaint.

℞ Tannalbin, ʒij.
Salol, gr. x.
Dover's powder,
Peppermint-oil sugar, of each, gr. x.

M. Dispense as twelve powders in parchment papers.

For child one year old, give one powder; at first every two hours, then every four to six hours. For child of two years two powders constitute the dose.

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To Prevent Recurrence of Stones in the Bladder.

Guyon writes that the task of the surgeon in case of stone in the bladder is far from being restricted to the mere removal of the stone. The accompanying cystitis must be cured and the recurrence of stones prevented. Experience has demonstrated that the presence of calculi is no obstacle to the attenuation, and even the cure of a cystitis, if it is secondary; also, that the removal of the stones does not necessarily cure it. Local treatment is imperative both before and after the operation, especially when the cystitis is old and severe. Instillations are usually all that can be borne at first, followed by fractioned irrigations as soon as possible. Some cases allow the irrigations to be commenced from the start, followed by instillations. Calculi do not contra-indicate a permanent sound. If the bladder is painful or hæmorrhagic, it may be necessary to evacuate the organ without leaving it empty, replacing each portion of urine withdrawn by the same amount of a tepid solution of boric acid. This topical treatment may relieve without anodynes, but sometimes a suppository or injection of an opium or antipyrin solution may be necessary. This treatment of the cystitis may require one or two weeks, the criteria being the number of micturitions, the capacity of the bladder, and the acidity of the urine. The urine becomes less infectious, and it is possible to avoid febrile accidents. Silver nitrate is the best of all measures. It seems to have an elective action on pyogenic bacteria, and on the urobacillus liquefaciens, and is especially active when the urine ceases to be acid. Silver nitrate restores normal acidity to the urine, and this is the most certain means to prevent the recurrence of secondary calculi. Mineral substances become insoluble in an abnormal urine. Patients operated on should be cautioned not to neglect to test the reaction of their urine frequently with litmus-paper, and resume the silver nitrate if the acidity is diminishing, and continue it until the urine turns the litmus-paper red. This opposes a chemical barrier to the causes of the precipitation of the phosphates. General hygienic measures are of great importance, avoiding alcohol and rich food, alkaline water, and the tartrates of lime and magnesia, and a diet too abundant in vegetables. The patients should return once a week for repeated verification and successive evacuations.—Journal of the Ameriean Medical Association.

Sulphur in the Treatment of Dysentery.

Dr. G. E. Richmond reports two cases of dysentery in which the administration of 20 grains of sublimed sulphur combined with 5 grains of Dover's powder, every four hours, brought about rapid recovery. The discharge of blood and mucus quickly stopped, and the movements became fæcal. The sulphur seems to act as a strong antiseptic and brings about a speedy healing of any ulcerated surfaces in the intestine. So far the author has not had a single failure in the treatment of dysentery by this method.—New York Medical Journal.

Treatment of Mosquito-bites.

Dr. A. Manquat states that the most successful treatment consists in the local use of formalin, tincture of iodine, and alcohol. He uses the pure formalin or alcohol in one-half strength. The tincture of iodine is objectionable because of the stain it leaves on the skin.

As a prophylactic against mosquito-bites the following combination is of service:—

℞ Olei picis liq.,
Olei olivæ, of each, ʒvj.
Olei hedeomæ (pennyroyal), ʒss.
Spts. camphoræ, ʒiij.
Glycerini, ʒiiss.
Acidi carbolici, ʒj.

M. Sig.: Apply on retiring.—Journal of the American Medical Association.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
F. A. DAVIS COMPANY, Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, Aug., 1901.

THE TRAINING OF MEDICAL STUDENTS.

THE art of conveying instruction in an acceptable and efficient manner is no less difficult than important. This fact is now so thoroughly recognized that schools of pedagogy have become an integral portion of our systems of education. In such schools the student is taught how to teach. An absolute prerequisite to worth as a teacher is knowledge of the subject. This is such a self-evident qualification that it scarcely needs to be put into words. Nevertheless, the ability to acquire knowledge, the possession of learning, is not always synonymous with the ability to pass that learning on to a class of students. In every branch of literature, art, and science we have conspicuous examples of great scholars and professors, thinkers and writers, who are unable to interest their students. Where there is lack of interest there is not likely to be great acquirement.

In professional schools, such as those of medicine, we may, as a rule, take the students' interest for granted. It is dedication to the profession which brings the men to the college-halls. It is the aim of the professor to maintain this interest and to convey instruction in the most direct and forcible manner. The methods by which this object is to be accomplished may well claim the most serious attention.

Here we are brought face to face with a second prerequisite. The intending student of medicine should be sufficiently instructed in those preliminary branches which stand in relation to strictly professional studies. He should be acquainted with the principles of mathematics, the fundamental facts and laws of physics and chemistry. It is well that he should have a knowledge of logic and of some of the modern languages other than his mother-tongue.

It is to be regretted that the course under the medical preceptor has been so largely abandoned. By following the practice of a preceptor young men gained a sense of contact with sick people which stood them in good stead in their subsequent more systematic studies. They acquired a practical acquaintance with many essential details which are not obtained by mere attendance upon lectures and demonstrations.

The clinical lecture has very largely and very properly gained pre-eminence in the development of modern medical education, yet the didactic course should by no means be despised. Some would go so far as to abolish didactic teaching, but there will always be a place for a compact, summarized statement of the symptomatology, diagnosis, and treatment of disease. There are numerous affections, moreover, which the student will never see during his undergraduate career. He will find accounts of these diseases in his text-books, it is true, but the descriptions are generally much more elaborate and minute than the student needs or can thoroughly digest. At best, the student can only learn the elements of his profession in college, can only form the foundation upon which he must build during the whole of his future life.

The practice of medicine is the goal to which the vast majority of our students look forward. While the work of the laboratories is highly esteemed as dealing with the scientific substratum of the profession, laboratory work alone will never make a physician. It may educate a chemist, a pathologist, a bacteriologist, but not a prac-

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titioner of medicine. This important and useful individual is to be brought into intimate contact with his fellow-creatures of all varieties for the sake of their physical welfare, and he must be able to recognize disease in the living subject and know how to apply remedies for relief.

Clinical teaching, therefore, is the preparation for the work of the practitioner of medicine. It gives the student some knowledge of the art of examining patients and eliciting clinical histories. A comparison of the facts thus obtained and those derived from physical observation, as far as that is possible, leads us to the diagnosis, and diagnosis is the basis of treatment.

In order to promote this personal contact of the student with the patient, placing him substantially in the position which he must occupy when his undergraduate studies have been completed and his professional advice is sought, the writer of these lines has long been accustomed to hold clinical conferences. Students are called into the arena and given patients to examine with the view of discovering their ailments. This method is pursued much of the time during the entire session, and has been productive of much benefit.

We have likewise employed another method from which decided good has resulted, and which has always been of interest to the members of the class. We refer to a plan of combined medical and surgical instruction. For this reason and from this point of view we were greatly interested in reading a communication by Dr. Robert Le Conte to the Philadelphia Medical Journal for June 15, 1901. Under the title of "The Value of the Combined Medical and Surgical Clinic to the Student," Dr. Le Conte alludes to a course of clinical lectures given at the Pennsylvania Hospital last autumn by himself and his colleague, Dr. Frederick A. Packard. He justly observes that "there are many distinct conditions which should properly, at first, undergo medical treatment, but which later come under the care of the surgeon; and there are also forms of the same disease which should from the beginning be either medical or surgical. How is the student to differentiate these conditions, or know when a disease ceases to be medical and becomes surgical, unless he is given a clear and definite continuous picture, by seeing the medical treatment of the case in question followed by the surgical treatment that would be applicable?"

In our clinics at the Medico-Chirurgical College there are, from time to time, cases which present both a medical and a surgical aspect. In such instances it is the custom of the writer to call upon one of his surgical colleagues to discuss those aspects which come within his sphere of work and study. For instance, a case of chronic parenchymatous nephritis in the medical wards had, in addition to other forms of anasarca, an abundant ascites. After the medical features of the case and their treatment had been outlined the surgeon was called upon, and he proceeded to consider the differential diagnosis of conditions which cause distension of the abdomen together with the mode of operating for the relief of ascites. Upon another occasion a large keloid was before the class. After describing the disease the professor of surgery was given an opportunity of stating his views concerning the advisability of removal. Similarly in the case of a lupus which involved a large area upon one of the buttocks, excision was performed by the professor of surgery at a stated hour after the question of different methods of treatment had been thoroughly rehearsed from both the medical and the surgical standpoints. There is no doubt that such conferences enhance the interest and the completeness of the clinical study. Another important case involved the discrimination between a syphilitic lesion of the lip and epithelioma. The points of probability were canvassed from various points of view by the writer and his surgical colleague. A

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case of aneurism of the neck, entered as a medical case, afforded an opportunity for a combined lecture upon the diagnosis of such a tumor and the comparative value of medical and operative methods. Not long ago a man afflicted with leucoplakia of the tongue was the subject of such a combined clinic by reason of the tendency of the disease to eventuate in epithelioma and more particularly because of a tumor upon the lower lip which, although not then exhibiting the characteristics of epithelioma, was of suspicious import on account of the liability to that termination. All these matters were brought out in the joint lecture, and it was decided that the tumor should be excised, for which purpose the man was transferred to the surgical ward. Many other instances from our clinical services could be enumerated, but enough has been said to justify our position and corroborate the experience of Drs. Le Conte and Packard. On account of the arrangement of the hours in the college roster it was seldom possible to include the operation and the lecture on the same day, but intervention was generally practiced within a few days subsequent to the joint examination, while the matter was still fresh in the minds of the students.

There can be no question, we think, as to the usefulness of such an associated method of examining cases which have both a medical and a surgical side. There are many cases during the course of a session which lend themselves readily and naturally to this combined mode of treatment.

ACCURACY OF DIAGNOSIS.

It is confessedly a well-worn subject, yet such is its importance that too much cannot be said respecting the art of diagnosis. Herein we detect at once the wide difference between the mere man of books and the sagacious practitioner. The former is not infrequently overweighted by the amount of his knowledge. Either he is unable to apply it at the bedside or else he is too full of doubts to recognize the relative value of the signs and symptoms present. Above all, the physician should be a positive man. He should know how to make up his mind, and, having come to a decision, should have the energy to act according to his convictions. The negative and self-doubting man can meet with but little success in the practice of medicine. His book-knowledge may be extensive; but, unless he can bring it to bear at the moment when it is needed, he cannot constitute much of a reliance. The laity, whose comfort and often whose lives are in our keeping, are quick to detect the air of indecision which denotes diagnostic failure or the vacillating measures which are the inevitable sequel of an improper judgment concerning the nature of a case. With this detection a man's usefulness is at an end in that special case. In our teaching capacity, therefore, we are continually urging upon young men the importance of studying with scrupulous care everything relative to the question of diagnosis. With all the assistance which we derive from modern scientific methods and appliances, we need continual watchfulness. In this domain nothing can be taken for granted. Every step must be rigidly scrutinized. Every factor which has a bearing upon the case must be closely examined.

Another side of the matter deserves consideration. We have no need of a time-honored Latin proverb to convince us that to err is human. Expertness in the art of diagnosis cannot be acquired all at once even by the most diligent and conscientious study of our text-books or even our cases. Time and experience are necessary elements. Mistakes are made especially at the beginning of one's career. If a man is careful, however, he learns from his mistakes. They serve him as frightful warnings against which he is subsequently forever on his guard. He is hardly likely to be

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led astray again in exactly the same manner or to misjudge in just the same way any symptom or sign.

Mistakes, however lamentable, have their value if they serve as beacons. It has often been said that an instructive article might be written concerning errors which have been made in diagnosis. At the same time all will naturally desire to reduce their individual proportion of errors to the minimum. In order to do so we are obliged to conceive broadly the relations which exist between the system at large and its individual parts. It follows that, unless these connections and interdependencies are constantly borne in mind, we are liable to err in one or another direction. He who confines himself to special practice is apt to lose sight of the wide influence of general conditions, and all the more readily if he has not entered the specialty through the avenue of general practice, but has passed into it immediately through the narrow portal leading directly from the medical college. The family physician may be led astray by underestimating or misunderstanding the significance of local manifestations.

Such reflections are induced by the perusal of an interesting presidential address before the Hunterian Society of London by Dr. J. Dundas Grant, who served his apprenticeship as a general practitioner before he became eminent as a specialist in diseases of the throat, ear, and nose.[1] In this address the speaker indicates a number of pitfalls to which both special and general practitioners are exposed. The pitfalls to which the speaker referred are such as are likely to throw one off his guard and allow him to fall into the pit of an incorrect diagnosis. He draws attention to the value of the laryngoscope to the general practitioner in the detection of aneurisms and other growths in the interior of the thorax. He states, moreover, that it is less well known that occasionally there occurs as one of the earliest signs of locomotor ataxia paralysis of the muscles of one or other or both vocal cords. The dependence of asthma, in a certain proportion of cases, to disease within the nasal cavity is a fact which specialism has made known to general medicine. The existence of cerebral tumors or of renal disease may be predicated by the use of the ophthalmoscope. We have learned to know, likewise, that headaches are often dependent upon refractive errors. On the other hand, the special branches have equally often benefited by advances in general medicine. Thus, deafness and hoarseness have been traceable to the presence of myxœdema, and have yielded to the internal administration of thyroid gland. Gout and rheumatism often play havoc with the middle and internal ear, and, unless sought for, their influence might be overlooked. Hysteria causes deafness which becomes worse under local mechanical-treatment. Syringomyelia is one of the long-unknown causes of paralysis in the region of the pharynx and larynx. The menopause produces disturbances of sensation in the throat. Dr. Grant brings forward a number of interesting examples of mistakes arising either from comparative neglect or an exaggerated reliance upon physical methods of examination. The tendency in special or consulting practice is to depend too much, perhaps, upon physical diagnosis, while in general practice the opposite is the case. He devotes a paragraph to the subject of venesection. Like all who have witnessed its wonderful efficacy in properly selected cases, he regrets the almost total disuse into which this valuable procedure has fallen. He cites two cases in particular than which he can recall no more brilliant recoveries from impending death. He mentions several traps and pitfalls into which the special and the general practitioner is liable to fall unless he guide his footsteps, so to speak, with

[1] "Traps and Pitfalls in Special and General Practice." British Medical Journal, April 27, 1901.

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the utmost wariness. The address is full of good material and cannot fail to be suggestive.

Correspondence.

OBSTETRICAL PRACTICE.

Editor of the Medical Bulletin:

In continuation of my remarks upon the treatment of obstetrical cases in the May BULLETIN, please let me say that quinine in confinement is of service if one prepares for a little more hæmorrhage than would probably occur if it were not used. The fact is, I avoid the use of quinine when I can do so without losing too much time. This is how I guard against quinine hæmorrhage:—

1. By thoroughly emptying the bowels early in labor.

2. By the rectal injection of glycerin during labor.

3. By ʒj of ergot given during the third stage.

4. By Buckley's uterine tonic tablet given 1 every three hours for one to three days.

5. By elevation of the foot of the bed as soon as placenta is removed.

6. By manipulating the uterus in order to produce and maintain contraction.

Unless in the case of a primipara, it is seldom necessary, in my experience, to remain all night by the bedside.

How do I avoid it and save time and not use forceps?

Now, let us suppose a case. Mrs. A., multipara, has had a few nagging pains for twelve hours, with no progress. The cervix is the size of a half-dollar. The first thing I do is to give her $^1/_{30}$ grain of strychnine arsenate, $^1/_{100}$ grain of glonoin, and rectal injections of soap, soda, and water, one following the other as fast as she evacuates, until three or four are given. Then, if no progress has taken place, I try a high injection of soap and glycerin with water and follow with ʒj of pure glycerin.

If even then there is slight headway, a bag of water or the head engaging, as is almost invariably the case, I anoint my hand, after giving it the most thorough antisepsis, make a cone of my fingers, and insert the hand very gradually, advancing the hand mostly during a pain. Passing fingers into the cervix, I spread them and gradually effect dilatation. After a little time I enter the thumb, and gradually working I finally have my whole hand in the vagina. With my fingers behind the head by a little pressure and counter-pressure, I am able to excite pains and also often to abate a pain. Hooking my fingers back of the child's head and at the side also, I manage to draw the head down into the pelvis. Often at this time operations are obstructed by a large bag of water, which, when the cervix is well dilated and the head well engaged, I rupture. When the head is well down in the pelvis I bring my fingers around between the head and the pubis. My assistant (in my case my wife) administers amyl and chloroform if the patient *will* have it, and gives a granule of glonoin occasionally. When the perineum begins to bulge I remove my hand and see to the support of the perineum. In this way I will agree to deliver the child in 95 per cent. of the multipara cases within two hours after I arrive at the house. Usually, however, it is all over within one and one-half hours.

Eternal vigilance should be our watchwords in our after-treatment; better by far make a dozen calls without extra remuneration than to have one case of sepsis.

C. E. BOYNTON, M.D.,

Sandy, Utah.

Memorial Bust. — A memorial marble bust of Robert Brown, the eminent botanist, has been unveiled in the picture-gallery of Marischal College, the University of Aberdeen.

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Medical News and Miscellany.

The Action of Alcohol.—The Quarterly Journal of Inebriety published in the July issue a symposium of the most authoritative scientific papers, recently read before medical societies in this country and Europe, on the physiological and pathological action of alcohol. These papers contain the latest facts and conclusions, on the action of alcohol as a beverage and medicine, and are of importance to every person interested in this topic.

Alcohol as a Food.—At the recent meeting of the American Medical Temperance Association, held at St. Paul, resolutions were passed repudiating the conclusions of Prof. W. O. Atwater, of Wesleyan University, concerning the food-value of alcohol.

The Magazines.—*International Monthly.*—The International Monthly for July contains important and attractive articles. The question of "Academic Freedom" is discussed in a direct and vigorous fashion by President Hyde, of Bowdoin. This eminent educator is disposed to allow the college professor almost every liberty except that of "incompetency," upon which, however, he places a liberal construction. Professor Scott, of Princeton, contributes the first installment of a concise outline of the "Evolution of the Mammalia," and Professor Shaler, of Harvard, writes on "American Quality." Salvatore Cortesi describes the peculiar conditions that surround the "Vatican in the Twentieth Century." The Hon. Bertrand Russell, of Trinity College, Cambridge, discusses "Recent Work on the Principles of Mathematics" in an article that is intelligible, for the most part, to all, and that is full of a genuine literary charm—thus "squaring the circle," as it were. Herbert Friedenwald writes of the sufficient causes that led to the "Declaration of Independence."

The "Story of Ahikar," by Professor Barton, of Bryn Mawr, shows how interesting a most learned theme can be made; Professor Fetter puts in its true light the valuable work of an "American Economist," and Brander Matthews writes a few pages on the "Spelling of English."

Saturday-Evening Post — Max Adeler's New Stories.—Twenty-five years ago, when "Elbow-room" and "Out of the Hurly-burly" were the successes of the day, Max Adeler suddenly ceased writing. For a quarter of a century he was proof against the blandishments of editors, but within a few weeks he has completed a new series of humorous stories which show him at his best.

"Tales of Old Turley," which will appear in early numbers of The Saturday-Evening Post, are wonderfully droll stories of the quaint characters in an old-fashioned country-town before the war. Local politics, school-committee fights, church squabbles, and women's clubs lend themselves admirably to Max Adeler's humorous touch, and form the basis of some of the cleverest stories that have been written for many a day.

American Monthly Review of Reviews.—In the editorial department of the Review of Reviews for July Dr. Shaw discusses the prospects of the wheat and corn crops, the conditions of our export trade, and the recent growth of American capital; on the political side, the decisions of the Supreme Court in the insular cases are reviewed and summarized, together with Cuba's acceptance of the Platt amendment and the outlook for Porto Rico and the Philippines; Mr. Carnegie's gift to the Scotch universities, the choice of Dr. Remsen as the new president of the Johns Hopkins University, and the launching of the Washington Memorial Institution are among the educational topics treated in this issue.

"Count Tolstoy in Thought and Action" is the subject of an interesting portraiture of the Russian social reformer contributed by R. E. C. Long. This article reveals

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Tolstoy's adaptation to the conditions of the life around him and throws a new light on many of Tolstoy's teachings, so far as their practical outcome is concerned. An illustrated article describes the important work lately undertaken by the New York and New Jersey commission for the preservation of the Palisades of the Hudson River and the establishment of a Palisades Park. The aims and purposes of the Washington Memorial Institution recently incorporated for the promotion of scientific and literary research under the auspices of the Government at Washington are fully set forth by Dr. Nicholas Murray Butler. The directorship of this new organization has been intrusted to Dr. Daniel C. Gilman, who has just resigned the presidency of the Johns Hopkins University at Baltimore.

Prof. G. Frederick Wright, who one year ago made an eventful journey over the line of the Chinese Eastern Railway, writes from accurate information on "The Russian Problem in Manchuria." In an article on "New Phases of Polar Research," Mr. Cyrus C. Adams outlines the tasks of exploration before the several polar expeditions now starting or in process of fitting out for Arctic and Antarctic discovery.

McClure's Magazine. — From France to Russia in thirty-six hours! By balloon! This is the record established in the "Long-Distance Balloon Racing," of which Walter Wellman writes in McClure's Magazine for July. Governor Odell, of New York, is the best type of "A Man of Business in Politics." Rollo Ogden has written in the most unprejudiced and convincing way of this man who, from the working head of the machine, became immediately a reform governor. "The Story of the Declaration of Independence" is a time-honored theme, but its treatment in Ida M. Tarbell's article is surprisingly new. Miss Tarbell's "Story of the Declaration of Independence" is illustrated with a remarkable series of portraits of the signers. The country was searched over for the best portrait of each patriot who subscribed to the great charter, and the result is the most complete series ever printed. Those readers of McClure's who "always look for a railroad story" will find a tale to their liking. Frank H. Spearman contributes "The Striker's Story; How McTerza Stopped the Railroad Riot."

The Cosmopolitan. — It is probably true that almost every man has in him certain qualities which would draw some woman to him, but it is difficult to frame a statement in general terms of "What Women Like in Men." This is the task which a very well-known author, under the *nom de plume* of Rafford Pyke, has undertaken in the Cosmopolitan for July in a clever essay. The midsummer fiction contains the best story Bret Harte has written in a long time. The well-known Jack Hamlin is the hero, and he will be eagerly welcomed back by the public. Katrina Trask's story in the same number is one of those homely tragedies constantly going on in modern society. R. K. Munkittrick's quaint New England coast yarn has a breeziness about it that makes it really refreshing. The installment of Egerton Castle's story begins to raise the curtain on the inevitable ruin which the Duke of Cluny's weakness must bring on those who love him. The Cosmopolitan gives a solution of the problem what to do with one's summer vacation? in a well-written, illustrated article, "A House-boat —The Modern Palace." Undoubtedly a house-boat offers a cheap and comfortable vacation, and the ranks of its devotees are constantly swelling.

Ladies' Home-Journal.—Over thirty contributors help to make the contents of the midsummer number of the Ladies' Home-Journal even more varied and entertaining than the best of the August issues in previous years. From Alice Barber Stephens's typical Atlantic City beach scene on the cover to Maria Parloa's timely article on "Keeping the House Cool in the Dog-days," every page makes its special appeal to readers who want something light or rest-

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ful or amusing to enjoy in hot weather. Besides three interesting articles on "The Singing Village of Germany," by Ida Shaper Hoxie; "The First White Baby Born in the Northwest," by W. S. Harwood; and "What Girl Life in Italy Means," by Marchesa Theodoli, there are three capital short stories in addition to the current installment of "Aileen"; a page of poems and short articles "For the Summer Piazza," by John Kendrick Bangs, Amelia E. Barr, Tom Masson, Madeline S. Bridges, and others; and no less than five full pages of pictures, including a double page of superb views "In the Beautiful Engadine Valley" and "Among the Swiss and Italian Lakes," and a page of exquisite prize pictures. Among other noteworthy features are the charming song, "When the Sunbeam Kissed the Lily," by Eleanor Ecker and Herman Ecker; a sweet and touching poem, "The Fresh-Air Child," by Elliot Walker; an ingenious article on "Sea-side Toys and How to Make Them," by Meredith Nugent, and seasonable articles on "The Picnic Basket," by Mrs. Janet McKenzie Hill; "Hot-Weather Menus," by Mrs. S. T. Rorer, and "A Child's Food in Summer," by Elisabeth Robinson Scovil. Dress and department articles fill the rest of the number. By the Curtis Publishing Company, Philadelphia. One dollar a year; ten cents a copy.

Looked the Part.—*Tommy*: You wore a red suit and horns at the masked ball last night, didn't you?

Mr. Hoamly: Why, no. I went as a cavalier.

Tommy: I guess pop was mistaken, then. He said he saw you, and you looked like the devil.—Philadelphia Press.

Pan-American Exposition.—The expectations of the projectors are fully realized in the many interesting features of the undertaking. The color-scheme is even beyond the expectations of those who have planned it; the lighting features are far beyond what anyone had anticipated, and the beauty of the exposition, as a whole, surpasses expectations. It is the very life of the big show, not only by night, but also by day. At night the presence of the transmitted energy of Niagara is made manifest in the beautiful illumination which has won for the Pan-American the name of the City of Light. But in the day-time, when there is no need of the electric current for the illumination of the grounds and buildings, electricity is everywhere present about the buildings and grounds.

The fish in the fisheries exhibit are supplied with water by a motor that is electrically operated. Part way up the Electric Tower there is a restaurant, and an electric pump furnishes the water for use there. In the Machinery Building there is a 10-horse-power motor operatively connected to a Deane steam-pump known as a four-inch by eight-inch triplex single acting pump, delivering 49 gallons per minute against 189 pounds pressure.

There are other motors at work about the grounds, and the current that operates them comes from Niagara Falls. There is work by day as well as by night for the energy of Niagara, and thus it is demonstrated that the power-supply of Niagara is ever constant. There is no eight, ten, or twelve-hour shift with the force of this wonderful river, but hour after hour, day after day, week after week, month after month, and year after year, as unceasing as has been the flow of the current of the river, this modern power of Niagara is always on tap.

The Association of American Medical Editors.—The meeting of the association was held at St. Paul, and was an occasion of unusual interest. Papers were read by different members, and a committee was appointed to draw up rules concerning the nature of the advertising to be admitted to the pages of the journals in affiliation with the association.

At the session of June 5th the officers for the ensuing year were elected as follows: President, Dr. Alexander J. Stone, of St.

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Paul; vice-president, Dr. Burnside Foster, of St. Paul; secretary and treasurer, Dr. O. F. Ball, of St. Louis. The executive committee appointed for the ensuing year consisted of Drs. Gould, Matthews, Lillie, Fassett, and Marcy. The next meeting will be held at Saratoga Springs, N. Y., in June, 1902.

Concerts at the Medical, Surgical, and Hygienic Exhibition. — At the afternoon and evening concerts, which were a feature of great interest in connection with the above exhibition in London, one of the pianoforte soloists was Mrs. Rebman, the accomplished wife of the well-known publisher of that city.

Mississippi Valley Medical Association. —The next meeting of the association is to be held at the Hotel Victory, Put-in-Bay Island, Lake Erie, September 12, 13, and 14, 1901. Low rate of one cent a mile for the round trip will be in effect for the meeting. Tickets will be on sale as late as September 12th, good returning without extension until September 15th. By depositing tickets with the joint agent at Cleveland and paying 50 cents the date can be extended until October 8th. This gives members an opportunity of visiting the Pan-American Exposition at Buffalo, to which very low rates by rail and water will be in effect from Cleveland. Full information as to rates can be obtained by addressing the secretary, Dr. Henry E. Tuley, No. 111 West Kentucky Street, Louisville, Ky. Members of the profession are cordially invited to attend this meeting.

The John W. Garrett International Fellowship.—A fellowship has been founded by William Johnston in connection with University College, Liverpool, in memory of the late John W. Garrett, of Baltimore, with the title of the "John W. Garrett International Fellowship in Pathology and Physiology."

The Army Medical School.—The faculty of the Army Medical School, as newly constituted, is composed of the following members: Col. William H. Forwood, Assistant Surgeon-General, President of the Faculty, *vice* Col. Charles H. Alden, retired; Col. Calvin de Witt, Assistant Surgeon-General, Professor of Military Medicine; Major John Van R. Hoff, surgeon, Lecturer on the Duties of Medical Officers in War and Peace; Major William C. Borden, surgeon, Professor of Military Surgery, *vice* Colonel Forwood, designated as President of the Faculty; Major Frederick P. Reynolds, surgeon, as Instructor in Hospital Corps Drill and First Aid to Wounded, *vice* Capt. George D. de Shon, relieved.

Blue Milk Secreted for a Month from the Breast of a Woman Who Never Bore Children.—The subject was a woman of 35, married eight years, who menstruated normally, but had never been pregnant. The patient, otherwise healthy, suffered from complete prolapsus uteri, the result of lifting a heavy body four years previously. For one month a blue secretion presented at both breasts without the patient taking any medicine which could account for such a condition. The origin of this bluish tinge must have come from a non-pathogenic bacillus having the property of giving this color to milk. The milks of certain animals may thus be changed from their natural color to that of blue or red, because of the presence of non-pathogenic bacilli: bacillus cyanogenus and micrococcus prodigiosus.—Post-graduate.

The Effect of Intercurrent Diseases on Epilepsy.—Dr. Jules Voisin, of the Salpêtrière, Paris, contributes to the Semaine Médicale a valuable article based upon a large number of observations as regards the effects of certain intercurrent diseases on the course and prognosis of epilepsy. The following are the chief conclusions obtained as regards the epileptic attacks: 1. The epileptic seizures are lessened in frequency or restrained by an intercurrent attack of erysipelas during the

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acute stage of the latter, but the fits return during the stage of convalescence. This was noticed in several cases. 2. In one case of anthrax the epileptic fits were absent during the suppurative stage, but the patient died from acute septicæmia. 3. In epileptic patients who have contracted phthisis the fits subside when the tuberculous process is most acute, and reappear when the phthisis is ameliorated. This was noted in many cases. 4. In a few cases of diphtheria supervening in the course of epilepsy the fits were absent during the illness, but returned during convalescence. 5. In small-pox and in rheumatic fever epileptic fits are diminished during the acute stage only. 6. Epileptic attacks are rendered worse and more dangerous in scarlet fever. Four epileptics contracted scarlet fever, and all died on the fourth or fifth day of illness, whereas fifteen other patients in Voisin's clinic who contracted scarlet fever and who were non-epileptic recovered uneventfully. 7. Influenza greatly increases the number of epileptic attacks, and its pulmonary complications exert a dangerous effect on epileptics. Influenza tends to produce the *status epilepticus*. Thus, one patient so affected had 175 fits in five days and another had the extraordinary number of 214 fits in one day. This deleterious result has also been fully shown in a recent *thèse* by Dr. Lannois, of Lyons.—Lancet.

Resignation.—Dr. Gustav Fuetterer, who has been Professor of Pathology at Northwestern University Medical School for the past two years, has resigned.

Women's Medical College of Toronto.—Dr. Graham Chambers has been appointed Professor of Dermatology and Assistant Professor of Clinical Medicine.

College Changes.—Dr. J. C. Oliver has been made dean of Miami College in place of Dr. N. P. Dandridge, resigned, and Dr. Frank W. Langdon has been elected Professor of Neurology. Dr. D. I. Wolfstein has been made Professor of Neurology and Dr. Mark A. Brown, Professor of Clinical Medicine in Cincinnati Medical College. Dr. H. J. Whitacre has been made Professor of Pathology; Dr. William Huhlberg, Professor of Physiology and Dr. Fred. Forchheimer, Professor of Practice of Medicine, taking the chair of the late Dr. J. T. Whittaker, in Ohio Medical College.

Dr. E. J. Senn.—Dr. E. J. Senn has been appointed assistant professor of surgery in Rush Medical College.

Roentgen Society. — The Roentgen Society of the United States will hold its second annual meeting at Buffalo in the university building, September 10 and 11, 1901, under the presidency of Dr. Heber Robarts, of St. Louis. The secretary is Dr. J. Rudis-Jicinsky, of Cedar Rapids, Iowa.

A New Food-plant.—The United States consul-general at Frankfort-on-the-Main, Germany, quotes from some German papers a description of a plant growing in tropical Africa, belonging to the leguminous class, which is largely cultivated by the negroes as a food-article. A French chemist, who recently analyzed the fruit or nut, found that it contained 58 per cent. of starch, 19 per cent. of nitrogenous matter, 6 per cent. of hydrocarbon, 4 per cent. of cellulose, 3 per cent. of ash, and 10 per cent. of water. The plant is called by the African natives *woandsu*.—Medical Record.

Nodular Erythema, Rheumatic Purpura, and Hydroa.—At a clinic given recently by Dr. du Castel at the Saint-Louis Hospital in Paris, a patient was presented with the three skin-lesions associated. Two weeks before, she felt ill, had a chill and fever, followed by the appearance of the eruptions. There were patches of nodular erythema upon the legs, the size of a dime, round or oval, elevated, and red, disappearing on pressure. There is generally some pain with it. Then appeared the petechiæ of rheumatic purpura upon the arms and legs. With this, too, there is some pain, generally

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about the joints, with œdema. It appears in successive crops, each lasting about a week. Hydroa, or hydroic erythema, is an eruption composed of erythematous spots in the centre of which localized œdema is found. It appears suddenly, and lasts a week or more. Du Castel believes that all three eruptions are due to vascular congestion in the skin, with some tendency to œdema. The common cause is either an infection or an intoxication, probably. It is possible that a toxæmia, from unknown reasons, will act differently upon the skin of different parts of the body. He recommends quinine and sodium salicylate internally, with soothing moist applications and a dusting-powder locally, as treatment. —New York Medical Journal.

A New Symptom in Paralysis Agitans.— The attention of physicians has lately been drawn to the fact that early in the course of paralysis agitans certain very characteristic spasmodic muscular contractions occur. In several cases of paralysis agitans a peculiar symptom has been noticed, viz.: that the patients were subject to a contraction of the toes which made them flex or curl up under them so that they were liable to be thrown down, and it would appear that this symptom is the immediate precursor of other recognized symptoms of paralysis agitans. The duration of the "contraction period" is variable. In regard to one patient who complained of this contraction of the toes, at the time the man came under observation nothing was known of the significance of the contractions complained of, and his medical advisers were at a loss to account for it. Two years later, however, the man was seen again, when he presented the typical signs of paralysis agitans. On looking through their case-books this symptom was found not to be altogether infrequent. One woman with paralysis agitans stated that the first thing she noticed was that her right toe used to be drawn up. In another case the patient volunteered the information that the trouble had commenced with the contraction of the fingers. Though the symptoms of paralysis agitans may be said, on the whole, to be simple, and the disease, as a rule, not difficult to diagnose, every assistance in early diagnosis is of value.—Cincinnati Lancet-Clinic.

Glasgow University. — This institution recently celebrated the four hundred and fiftieth anniversary of its foundation.

Kraurosis Vulvæ and Cancer.—Holleman publishes a case where it appeared that kraurosis became cancerous, the connection between the two disorders being, at least in this instance, not accidental. The patient was a robust maiden lady, aged 66, previously in excellent health. Itching of the vulva began ten years before observation, without leucorrhœa. Over two months before she consulted Holleman small pustules developed on the right labium; she remembered that a few months previously she suffered from darting pains in the right inguinal region. The pustules were painless, but bled on touch; they grew slowly and became harder as they increased in size. The labia majora and minora were of the characteristic mother-of-pearl hue, as was the clitoris; the hymen and prepuce were thickened; near the posterior commissure was a tuberous ulcerating and slightly oozing tumor as big as a crown piece. No enlarged inguinal glands could be detected. The tumor was removed and proved to be epithelioma. For a year there was no sign of recurrence, then a characteristic tumor developed in the right groin. Paquelin's cautery is not the best agent for removing vulvar epithelioma, as it does not allow the surgeon to see if he is cutting into healthy tissues.—British Medical Journal.

Association of American Medical Colleges.—At the annual meeting of this association in St. Paul, on June 3d, the following officers were elected: President, Dr. Victor C. Vaughan, of Ann Arbor; first vice-president, Dr. William M. Rodman, of

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Philadelphia; second vice-president, Dr. H. Bert Ellis, of Los Angeles; secretary, Dr. Bayard Holmes, of Chicago. Judicial Council, Dr. Thomas Hawkins, of Denver; Dr. E. C. Dudley, of Chicago; and W. J. Means, of Columbus, Ohio.

The Study of Medical History in Germany.—A German Society for the Study of the History of Medicine and the Natural Sciences has recently been founded. The organizing committee consists of Prof. G. W. A. Kahlbaum, of Basel; Prof. J. Pagel, of Berlin; and Dr. Sudhoff, of Hochdahl.

A League against Syphilis.—As an outcome of the Congress on the Prophylaxis of Syphilis held in Brussels, in 1899, a league against syphilis has recently been founded in Paris. The president is Professor Fournier; the vice-presidents are Drs. Bérenger, Brissaud, and le Pileur. Dr. Barthélemy is secretary-general.

American Gynæcological Society. — The following officers were elected for the ensuing year: President, Dr. S. C. Gordon, of Portland, Me.; first vice-president, Dr. George M. Edebohls, of New York City; second vice-president, Dr. Edward Reynolds, of Boston; secretary, Dr. J. Riddle Goffe, of New York City; treasurer, Dr. J. Montgomery Baldy, of Philadelphia.

Atlantic City, N. J., was selected as the place for holding the next annual meeting.

Dangers from Fresh Vegetables. — Dr. Ceresote has made a study of the importance of raw vegetables in the diffusion of parasitic diseases. He bought specimens of lettuce, endive, radish, and celery in the market at Padua, such as would be used for eating after a rough washing. He then washed them in sterilized water and examined the sediment. A simple microscopical survey revealed a fauna of fifty-two species, comprising amœbæ and the eggs of tænia, oxyuris ascarides, and anchylostoma. Bacteriological investigations added a rich flora of varied microbes, including micrococci, staphylococci, streptococci, sarcinæ, and a wealth of bacilli. Among the last the author could isolate the bacilli coli communis and a bacillus analogous to that of typhoid, as well as the bacillus septicus and the bacillus tetani. The author advises all who are bold enough to eat raw market-bought vegetables after reading his article, to first wash and then soak them for half an hour in a 3-per-cent. solution of tartaric acid, which is a cheap, agreeable, and powerful antiseptic. A salad artificially impregnated with cholera spirilla was disinfected after five minutes' immersion in this solution.—Medical Record.

Acute Pulmonary Complications in Malaria.—Crespin and Mailfert have investigated some of the lesions present in the lungs in cases of malaria, more especially the broncho-pneumonic. They find that acute bronchitis is frequent in many cases of malaria and that the bronchial lesion is most marked in the bases, especially on the left side. The bronchial complication seems to be in proportion to the amount of lesion present in the spleen and liver. Pulmonary congestion is also common, but varies very much in its intensity in different cases. Pneumonia is also present in several cases, and the prognosis is extremely uncertain, death taking place in a large number. Pneumonia may come on after the malarial attack, and supervening in cases of malaria of long standing is very serious. The temperature in malarial pneumonia is deceptive, and in many cases of post-malaria there may not be a very high degree of pyrexia. In fact, the writers describe an apyrexic pneumonia of a very serious type. Pneumonia is due to the pneumococcus, not to the hæmatozoa. There is therefore nothing specific in this form of pneumonia. The relation of this latter to the pneumonic process is not quite easy to understand. It is suggested by the writers that its tendency to cause congestion creates a predisposition to a pneumococcic infection. The writers also draw attention to the fact, which has been several times noted, that in malaria

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there may be an apical consolidation simulating phthisis in many of its characteristics. A curious point about the apical consolidation met with in malarial cases is its tendency to pass to the opposite apex with extreme rapidity. In twenty-four hours the upper portion of one lung may have completely consolidated. The treatment of all these complications is the free exhibition of quinine. This does not, however, mean, according to the authors, that the pulmonary condition is a specific one. The action of quinine is wide-spread and seems to reduce congestion in the organs generally, and therefore favors the resolution of the pneumonic process.—British Medical Journal.

State Sanatorium.—Governor Van Sant, of Minnesota, has appointed the following commission to investigate and select a site for a State Sanatorium for consumptives: Dr. H. L. Taylor, of St. Paul; Dr. James L. Camp, of Brainerd; and Dr. George S. Wattam, of Warren.

Hydatid of Heart.—A. Jeffreys Wood reports the case of a man in apparently robust health, who died suddenly while riding a bicycle. At the autopsy the heart was seen to occupy the greater part of the chest, neither of the lungs being visible. The pericardium was closely adherent to the surface of the heart, but with a little force was detached; toward the base of the heart on the left side a white patch showed toward the pericardium, and as the covering was lifted from this part a daughter-cyst, the size of a large marble, escaped from a large mother-cyst in the left ventricular wall. In removing the heart about a dozen daughter-cysts escaped, two of them being as large as bantams' eggs. A small cyst was found on the liver, and another in the centre of an adhesion running between the lower edge of the liver and the duodenum. The rest of the organs were healthy.—Medical Record.

Orchitis and Epididymitis in Typhoid Fever.—In the Medical Record Dr. Francis P. Kinnicutt, of New York, relates the clinical histories of two cases illustrating a rare complication or sequel of typhoid fever:—

"Orchitis or epididymitis occurring as a complication or sequel of typhoid fever was first alluded to by Velpeau in 1844. An incomplete case was reported by Chedevergne in 1868, and the first complete case by Hanot in 1873. Westcott in 1898 had collected 32 cases, and in the same year Eshner, after a thorough search through the literature, was able to find only 44 cases, which have been analyzed by him in an interesting paper. The rarity of the lesion is also indicated by the fact that in Pierre Do's *Thèse de Lyon*, 1899-1900, on epididymo-orchitis of typhoidal origin, the statistics of complications occurring in 14,738 cases of typhoid fever drawn from French and German sources show no record of any instance of epididymitis or orchitis. In Osler's series of 829 cases of typhoid fever, published in 1900, orchitis or epididymitis was observed only in 2 instances, both unattended with suppuration; and in the 889 cases treated in the Presbyterian Hospital from 1892 to 1901 in my colleagues' services and my own, this lesion was noted only in the 2 instances related in the present paper.

"It is probable that the frequency of this complication is greater than the statistics indicate. Aside from cases which presumably have not been reported, the fact that in the 44 cases collected by Eshner 5 occurred after the second week of convalescence, 1 of these as late as the ninth week, suggests the presumption that cases occur in which the true origin of the orchitis is not suspected."

Arthro-typhoid.—A case of great importance and interest is described by Barjon and Lesieur. A boy, aged 17, was admitted into hospital during an epidemic of typhoid, and apparently suffering from the disease. There was almost complete deafness, dating from a previous attack of ty-

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phoid fever at 8 years of age. At 11 years of age he had suffered from acute rheumatism. Temperature was high, rose-spots were present, but there did not seem to be any splenic enlargement, and the intestinal symptoms were absent. There was marked arthritis, which had begun in the feet and had thence extended to the hands. There was much delirium, and toward the end of the case there was diarrhœa in abundance. On post-mortem examination there were no ulcerations in the small intestine. The only lesion present was some congestion of the colon. The liver showed fatty change. The free border of the aortic and mitral cusps showed some granulations hard in character, and of a pink color. There was general pulmonary œdema. Eberth's bacillus was abundant on cultivation of the blood during life, and a marked Widal reaction was also obtained on several occasions. The authors consider that in typhoid fever, as in typical gonorrhœa and other infective conditions, the incidence of the infective process may be determined by some other lesion. In this case the patient had suffered from a previous attack of typhoid, which had apparently rendered the intestine and spleen immune. After this illness an attack of rheumatism had considerably damaged the joints, and a second attack of typhoid had therefore involved these structures, leaving unaffected the organs which are usually the seat of the lesion. This hypothesis is an extremely interesting one if it can be supported. It is a well-known fact that relapses in the course of typhoid fever do not seem to affect the intestine to the same degree that the initial attack does. It has been noticed on several occasions that Peyer's patches show the traces of the older-standing attack in the recent, and should any of the solitary or Peyer's patches be affected it is evident from their condition that they had escaped in the first instance. It has been supposed that to this is due the fact that relapses in typhoid are not usually accompanied by severe abdominal symptoms. In the case described by Barjon and Lesieur an analogous condition of things existed, for the intestinal and splenic lesions were absent, though the patient was evidently suffering from well-marked typhoid. Enteric fever being a disease not infrequently accompanied by joint changes, it does not seem surprising that a patient having previously suffered from another form of arthritic disease should show a marked predisposition to typhoid arthritis.—British Medical Journal.

Pyonephrosis of Typhoidal Origin.—Garnier and Lardenois conclude that typhoid fever can cause renal suppurations assuming the form of pyonephrosis latent. It is only during convalescence that the diagnosis can be confirmed. It will be founded on pain in the lumbar region, the presence of a tumor of the kidney, more or less large, and in certain cases an intermittent pyuria. The treatment is surgical, and should be prompt. Nephrotomy ought to be sufficient, and should give excellent results with few risks. But nephrectomy will often be indicated secondarily, when there are numerous abscesses badly drained, and the operator is certain of the integrity of the other kidney.—Medical Times and Hospital Gazette.

Dr. I. Edmondson Atkinson.—Dr. I. Edmondson Atkinson, of Baltimore, has been appointed a member of the State Lunacy Commission.

Surgeon-General Sternberg. — Surgeon-General Sternberg has started on a visit of inspection of the Army Medical Corps in the Philippines, and during his absence Col. William H. Forwood will be in charge of the medical department headquarters at Washington. Dr. Forwood has for some time been in charge of the medical depot station at San Francisco.

Dr. Delavan. — Dr. D. Bryson Delavan has been appointed consulting surgeon in the department of laryngology, St. Luke's

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Hospital, New York, in place of Dr. George M. Lefferts, resigned.

Address in Medicine at Yale.—The annual address in medicine at New Haven was delivered by Prof. Edmund B. Wilson, Ph.D., of Columbia University. The title of the address was "The Higher Claims of Minute Research in Biology and Medicine."

A Monument to Professor Skene. — A movement is under way in Brooklyn to raise a fund of $25,000 for the erection of a bronze statue of the late Dr. A. J. C. Skene, of that borough, in Prospect Park.

West-Side Chicago Medical Society. — The West Chicago Medical Society was organized by a large number of west-side physicians, and the following officers were elected: Dr. E. D. St. Cyr, president; Dr. O. G. Wernicke, vice-president; Dr. G. M. Silverberg, treasurer; Dr. Gustavus Blech, secretary. Executive Council: Dr. A. M. Shabad, Dr. F. W. Henkel, Dr. J. M. Abelio, and Dr. S. Brownstein.

New Sign of Mumps. — Tresilian mentions the fact that it is difficult in children to discover the opening of Stenson's duct, whereas in several cases of mumps under his observation it was plainly visible as a bright-red papilla.

Resignation.—Dr. John A. Robison has resigned as Professor of Medicine in Rush Medical College.

The Enno Sander Prize for 1901-1902.— The events of the war with Spain, followed by our national expansion as a logical sequence, have rendered the whole of our military organization and methods of particular interest. We, therefore, take pleasure in calling the attention of our readers and the medical profession in general to the Enno Sander prize, which has for 1901-1902 been generously increased by its founder to consist of a gold medal, valued at $100 and $100 in cash.

The subject for this year is "The Most Practicable Organization for the Medical Department of the United States Army in Active Service."

Conditions of the competition:—

1. Competition is open to all persons eligible to active or associate membership in the Association of Military Surgeons of the United States.

2. The prize will be awarded upon the recommendation of a Board of Award selected by the Executive Committee. The board will determine upon the essay to which the prize shall be awarded, and will also recommend such of the other papers submitted, as it may see fit, for honorable mention.

3. In fixing the precedence of the essays submitted, the board will take into consideration — primarily — originality, comprehensiveness, and the practicability and utility of the opinions advanced, and— secondarily—literary character.

4. Essays will consist of not less than ten thousand, nor more than twenty thousand, words, exclusive of tables.

5. Each competitor will send three typewritten copies of his essay in a sealed envelope to the secretary of the association, so as to reach that officer on or before February 28, 1902.

6. The essay shall contain nothing to indicate the identity of the author. Each one, however, will be authenticated by a *nom de plume*, a copy of which shall, at the same time as the essay, be transmitted to the secretary in a sealed envelope together with the author's name, rank, and address.

7. The envelope containing the name of the successful competitor will be publicly opened at the next succeeding annual meeting of the association, and the prize thereupon awarded.

8. The successful essay becomes the property of the Association of Military Surgeons of the United States, and will appear in its publications.

Board of Award, 1901-1902: Hon. William Cary Sanger, Assistant Secretary of War; Brigadier-General George Miller

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Sternberg, Surgeon-General, United States Army; and a distinguished officer of the line to be announced later. John Van Rensselaer Hoff, president; James Evelyn Pilcher, secretary, Carlisle, Penna.

The Massachusetts Medical Society.—This society celebrated its one hundred and twentieth anniversary in Boston on June 12th. At the business meeting these officers were re-elected: President, Dr. F. W. Draper, of Boston; vice-president, Dr. W. W. Eaton, of Danvers; treasurer, Dr. E. M. Buckingham, of Boston; corresponding secretary, Dr. C. W. Swan, of Brookline; recording secretary, Dr. F. W. Goss, of Roxbury; librarian, Dr. E. H. Brigham, of Brookline.

Jefferson Medical College.—Prof. W. W. Keen, of Jefferson Medical College, has been granted two years' leave of absence, and Prof. J. Chalmers Da Costa will do his work, together with his own, both in the college and in the hospital. This additional work necessitates Dr. Da Costa's resignation from his position on the surgical staff of St. Joseph's Hospital, and Dr. Charles F. Nassau has been appointed to fill the vacancy.

Resignation.—Dr. A. M. Corwin has resigned from the faculty of Rush Medical College.

Colorado State Medical Society.—At the thirty-first annual meeting of this society the following officers were elected: President, Dr. R. W. Corwin, of Pueblo; first vice-president, Dr. W. W. Grant, of Denver; second vice-president, Dr. P. J. McHugh, of Fort Collins; third vice-president, Dr. L. J. Forhan, of Trinidad; corresponding secretary, Dr. J. M. Blaine, of Denver; recording secretary, Dr. Minnie C. T. Love, of Denver; assistant recording secretary, Dr. J. T. Melvin, of Saguache; treasurer, Dr. William J. Rothwell, of Denver. Board of Trustees, Drs. Hubert Works, of Pueblo; S. E. Solly, of Colorado Springs; J. T. Eskridge, A. Stedman, W. E. Wilson, E. J. A. Rogers, and J. N. Hall, of Denver.

Book Reviews.

Annual and Analytical Cyclopædia of Practical Medicine. By Charles E. de M. Sajous, M.D., and One Hundred Associate Editors, assisted by Corresponding Editors, Collaborators, and Correspondents. Illustrated with Chromolithographs, Engravings, and Maps. Volume VI. Philadelphia, New York, Chicago: F. A. Davis Company, Publishers, 1901.

The present volume is the last of the first series of this elaborate work. Its contents, alphabetically arranged, include medical and surgical topics from "Diseases of the Rectum" to "Zinc." Within these limits, consequently, we find some extremely important subjects, as, for instance, "Diseases of the Respiratory System," "Rheumatism," "Diseases of the Spinal Cord and Vertebræ," "Surgery of the Stomach and Intestines," "Diseases of the Stomach," "Syphilis," "Tuberculosis of the Larynx," "Tuberculosis of the Lungs," "Tumors," "Typhoid Fever," "Diseases of the Urinary System," "Diseases of the Uterine Adnexa," "Diseases of the Uterus," "Valvular Diseases," "Diseases of the Vascular System," "Wounds and Injuries of the Head and Brain," and "Wounds of the Thorax" are some of the leading articles contained in this volume. In addition to those mentioned the principal remedies within the alphabetical range are also duly considered.

The principal sections of the volume are, in reality, admirably prepared theses or monographs upon their several subjects. In these the reader is given a summarized view of recent and actual additions to knowledge. Those facts which are the common properties of the text-books are here conspicuous by their absence. With them the reader is already familiar, and there is no need for their repetition. This publication deals only with significant additions to the fund of knowledge. It represents the state of science of to-day and foreshadows that of

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to-morrow. Hence it is, indeed, a library in itself, an epitome of recent and modern work. In many departments of our profession the conceptions have undergone radical changes within the last decade. It is difficult for a man actively engaged in practice to keep adequate track of all these advances. In the "Annual and Analytical Cyclopædia" we find them all collected and arranged for us in logical array.

The remarkable impulse which was communicated to every branch of science by the epoch-making discoveries of our times find a faithful index in this work.

Practical Surgery: A Work for the General Practitioner. By Nicholas Senn, M.D., Ph.D., LL.D., Professor of Surgery in Rush Medical College, Chicago. Handsome Octavo Volume of 1133 pages, with 65 Illustrations, many in Colors. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $6.00 net.

This is assuredly a most excellent work. It covers a field which is all its own and the limits of which are well-defined. It concerns itself with the surgical work of the general practitioner. This is, to a large degree, emergency work. Chronic cases may be referred, if advisable, but the victim of accident must be cared for immediately if the best possible results are to be secured. Such cases almost invariably fall first into the hands of the general practitioner. In country districts the duty is absolutely imperative. No expert consultant is there at hand, and everything needful must be done by the man on the spot. Subsequently, it is true, the patient may be transferred or the consultant may be summoned from a distance, but the fact still remains that much, and often everything, depends upon the treatment given at the moment of emergency.

The rank and file of the profession will doubtless accord this book a hearty welcome. It will be to them a prop of strength. It avowedly does not pretend or endeavor to follow all the ramifications of the surgical art. It has been written with a distinct purpose. Some of its most important chapters are those upon the treatment of hæmorrhage, upon wounds, gunshot wounds, fractures, dislocations, emergency operations on the air-passages, intestinal obstruction, abdominal section, strangulated hernia, amputations, and disarticulations.

The author's surgical judgment is remarkably sound. His opinions, and therefore his advice, are based upon well-reasoned data. Skill in the use of instruments is not the only, or even the chief, requirement of the surgeon. Scientific conservatism is the attitude of the greatest practitioners of the art. The truly enlightened man knows when to withhold his hand as well as to operate. He is a safe man in his own practice, and as a teacher he trains safe men. Such a practitioner and such a writer is Professor Senn. There are undoubtedly some points in this volume in which all professed surgeons would not agree with him; but, when the greatest good of the greatest number is considered, one cannot do better than follow the precepts of this book, which we, therefore, cordially recommend.

The Hygiene of Transmissible Diseases: their Causation, Modes of Dissemination, and Methods of Prevention. By A. C. Abbott, M.D., Professor of Hygiene and Bacteriology in the University of Pennsylvania. Second Edition, Revised and Enlarged. Octavo, 351 pages, with Numerous Illustrations. Philadelphia and London: W. B. Saunders & Co. Cloth, $2.50 net.

It is but a short time since we had occasion to comment favorably upon the first edition of this work. That our judgment has been indorsed by the voice of the profession is sufficiently evident by the rapid exhaustion of the original issue. The book treats competently of important matters. Every physician is called upon to advise

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as to the sanitation at least of the sick-chamber and the household. Typhoid fever, tuberculosis, diphtheria, influenza, venereal diseases, small-pox, measles, scarlet fever, whooping-cough, mumps, and malaria are diseases which we often meet in this country and concerning which it behooves us to be able to give the latest word of science as regards preventing the spread of the contagion. Many of these are acute infections which propagate themselves far and wide with great rapidity. We need, therefore, to have an acquaintance with all the facts concerning their mode of origin in order that we may take such measures as have proved most effective to check the spread of the infection.

In preparing the present edition the author has availed himself of such information as has been brought to light since the date of first publication. New conceptions have been promulgated, for instance, as regards the part taken by insects and rodents in the dissemination of infection. These discoveries have been utilized in the revision of some of the sections, as, for example, those on malaria, yellow fever, plague, filariasis, and dysentery.

This is a work which can be consulted with profit and used with advantage as a guide.

Etidorhpa, or the End of the Earth. The Strange History of a Mysterious Being and the Account of a Remarkable Journey. By John Uri Lloyd, Author of "Stringtown on the Pike." With many Illustrations by J. Augustus Knapp. Eleventh Edition, Revised and Enlarged. New York: Dodd, Mead & Co., 1901.

This is, indeed, a very remarkable and unusual book. It is a noteworthy testimony to the scientific imagination of its distinguished author. It is of absorbing interest, even as a romance. The adventures of the mysterious being are graphically told, and the excellent illustrations lend their aid in impressing the reader with the force of the author's strange and powerful conceptions. The book is a scientific *tour de force.* It relates the events by which a studious mechanic was torn from his home and transported to an underworld, where many of the physical laws of the earth's surface were contradicted and where the elements of surprise are continually revealing themselves to the mysterious being and also to the reader of the book. It may be esteemed a sort of allegory on a large scale. It sketches a continuity of transcendentalists who become adepts in Nature's mysteries and whose secret knowledge is transmitted from generation to generation and age to age. None can deny that, however refined and advanced physical science may be in these days, none dare affirm that all the laws of existence have been discovered or that the same causes may not produce different effects when operating under totally new and now unknown conditions.

Essentials of Refraction and of Diseases of the Eye. By Edward Jackson, A.M., M.D., Emeritus Professor of Diseases of the Eye in the Philadelphia Polyclinic. Third Edition, Revised and Enlarged. 12mo, 261 pages, 82 illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $1.00 net.

This is No. 14 of Saunders's Question-compends. It is a succinct presentation of the capital facts of diseases of the eye, refractive errors, injuries to the eye and orbit, eye-symptoms of general disease, together with the tests and requirements of vision for schools, railroads, and public services. Dr. Jackson is unusually qualified to set forth the essentials of this subject, points which everyone should know. The book may answer a useful purpose as an introduction to its subject. There are many occasions in which the family physician is necessarily brought into contact with ocular affections, and a rudimentary knowledge of this branch of medicine is desirable and valuable.

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COMMERCIAL NEWS.

Hyperemesis Gravidarum.

This is a disorder that occurs during pregnancy, and in most cases is confined to the earlier stages. It may be said that nausea and vomiting are, to a certain extent, normally associated with the pregnant condition of the female, but in some instances it assumes such proportions that it not only becomes pathological, but extremely dangerous. It may vary in severity from a slight "morning sickness" to an extreme state of nausea and vomiting, so that nothing will remain in the stomach, and even the thought of food will cause retching. The diagnosis of this condition presents no difficulties; the conditions of the nausea and vomiting being present and associated with pregnancy are sufficient. In some of the more severe cases, if allowed to progress, the emaciation and exhaustion soon become a matter of no small moment, and, unless the trouble is brought to a termination, death may occur as a result.

Hundreds and hundreds of things and remedies have been recommended and used for its alleviation, but the experience has been that in most of the severe cases the gravid uterus has to be emptied of its contents to secure relief. In a great many other cases less severe the desired relief comes from less radical measures.

In the treatment of pernicious vomiting of pregnancy it is unusually the custom to put off the radical means, that of producing abortion, as long as possible, and in following one is sometimes confronted with a very grave condition of affairs. The suffering woman is too weak and too much exhausted to stand the operation, and death seems inevitable unless it is done. I had one such case as that, and I well remember what a predicament I was placed in. I had consultation, and we performed the operation of abortion, which seemed the only means of relieving the woman; but she was too much exhausted, and died from its effects. Since that experience I have made it a point to keep on the safe side as far as possible. Of course, it is desirable to save the life of the child if possible, but it is not at all desirable to sacrifice the lives of both mother and child simply to give it a chance.

As I stated, numerous remedies have been recommended for the treatment of this condition, but I find that ingluvin, manufactured by William R. Warner & Co., of Philadelphia, Pa., gives me the best clinical results. I have frequently seen patients who would vomit immediately upon taking anything into the stomach almost relish this preparation, and the vomiting immediately cease, irrespective of its primary cause. Having had such good results with it in the various forms of nausea and vomiting, I was induced to try it in the vomiting of pregnancy, both physiological and pathological, and have had excellent results up to date. In those patients in whom the vomiting amounts to nothing more than the "morning sickness," which may be considered physiological, I have found it to give a very great amount of relief, as well as in others, when it becomes to be pathological. It relieves the nausea and increases the appetite and assimilation to a marked degree, so that the patient's system is put in an excellent condition to undergo the ordeal of labor. By relieving the nausea and increasing the assimilation and digestion, it aids in regulating the functions of the liver and kidneys, and other emunctories of the organism, thereby overcoming all tendencies to the occurrence of post-partum complications and eclampsia.

I relate a few cases which I have treated to illustrate specifically the results I have had with the use of ingluvin, as follows:—

Mrs. Mary ——, aged 22, primipara. Began suffering, presumably about the third week of pregnancy, with nausea and vomiting of rather a severe type. I was called, and administered some of the customary remedies, but she continued to grow

(Continued on Advertising Page 17.)

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FOR CURE OF GOUT AND RHEUMATISM.

FORMULA: Acidum Salicylicum; Resina Podophyllum; Quinia; Ext. Colchicum; Ext. Phytolacca; Capsicum. 60c. per 100.

PERISTALTIC.

(*Trade Mark.*)

Aloin..... ¼ gr. Ext. Bellad..... ¼ gr.
Strychnia..... 1-60 gr. Ipecac..... 1-10 gr.
Dose—One to Two Pills.

PIL: SUMBUL COMP.

(Warner & Co.)

(Dr. GOODELL.) Each containing:
Ext. Sumbul..... 1 gr. Ferri Sulph. Exs..... 1 gr.
Asafœtida..... 2 grs. Ac. Arsenious.....1-40 gr.
Dose—One to Two Pills. $1.00 per 100.

"I use this pill for Nervous and Hysterical Women, who need building up." It is used with great advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo Soda. One to two pills taken three times a day.

PIL. CASCARA CATHARTIC.

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℞
Cascarin, Ext. Bellad..... ¼ gr.
Aloin..... ¼ gr. Strychnia..... 1-60 gr.
Podophyllin..... 1-6 gr. Gingerine..... ¼ gr.
Dose—One to Two Pills. 60c. per 100.

Wm. R. Warner & Co.'s TONO NERVINE TABLETS.

℞
Ext. Damiana..... 1 gr. Ext. Sumbul..... ¼ gr.
Phosphorus..... 1-100 gr. Ferri Carb..... 1 gr.
Asafœtida..... ¼ gr. Ext. Nux Vomica.....1-10 gr.
Dose—Two Tablets before meals for adults.

SUPERIOR TO PEPSIN OF THE HOC

INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 to 20 Grains.

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Manufacturers of Reliable and Soluble Coated Pills.

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worse, until about the tenth week, when I was seriously considering within myself the propriety of inducing an abortion. However, having had good results with the use of ingluvin in nausea and vomiting due to other causes, and associated with other conditions, I determined to test it in this case. I prescribed it in 15-grain doses every four hours. The first dose was retained, quite to my surprise, as hitherto she had vomited everything taken into the stomach, and the only way she could retain anything, even for a short time, was to take it immediately after a vomiting attack. From this time on she began to improve, being troubled only occasionally with nausea and vomiting, until she finally recovered. She gained about twelve pounds in weight, and went through the remainder of the pregnancy and the period of confinement without any difficulties.

Mrs. S. ——, aged 32. This was the third pregnancy. She had been troubled no little with nausea and vomiting during the preceding pregnancies, but at this time the condition was very greatly exaggerated beyond what it had been. She consulted me during the sixth week, stating that there were very few times she could retain either food or drink in her stomach. Her bowels were constipated, skin thick and sallow in appearance, and tongue heavily coated. She was much emaciated, and in low spirits, as she had had some difficulty with former births, all being instrumental deliveries, due to inertia of the uterus. I prescribed ingluvin in three daily doses of 15 grains each. In one week she reported that she was improving rapidly, having only had, during that time, two spells of nausea and vomiting. Her appetite was good, and she could retain almost anything that she desired for food. Her bowels were in an active condition, and skin much better in appearance. Her spirits were decidedly more buoyant. I directed her to continue

(Continued on Advertising Page 18.)

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the medicine in the prescribed dose until near the time of confinement. She did so, and I attended her. The labor was perfectly normal in all respects, and was a short one when compared with her previous labors, lasting about six hours. Convalescence was rapid, and recovery complete, and she stated that she never felt so well that early after a confinement. I attribute all the improvement in this individual case to the use of ingluvin, being fully convinced of its value as a therapeutic agent.

Mrs. Sarah G——, aged 24, second pregnancy. I was called in consultation in this case for the purpose of considering the propriety of inducing an abortion on account of pernicious vomiting. I found the patient in a very weak and exhausted condition, due to almost incessant retching and vomiting. She has been unable to retain anything in the stomach, in the way of food, for the last three weeks, and rectal alimentation had been resorted to, but now the rectum had rebelled, and there seemed nothing left that held out any hope of relief at all except an induced abortion. This was the only thing left to do in the mind of her medical attendant, but I am sure that death would have resulted. I advised the administration of ingluvin in doses of 15 grains every three hours, and very small quantities of such nourishment as she most desired. The first dose was promptly vomited, as everything else had been for the past few weeks, but it was immediately repeated and was retained. From this time on there was no trouble about retaining the medicine, though her stomach was very weak for the first few days, and only very small amounts of nourishment could be taken and retained. Once or twice during that time she had severe vomiting spells, but they eventually passed off, and she did well the balance of the term, and was delivered of a healthy baby. There was no post-partum trouble.

I frequently administer ingluvin to my patients who are in a pregnant condition, and are suffering with nausea and vomiting of a mild degree, and find that it gives a very great amount of relief and comfort. They gain weight during its administration, and their systems are put in a healthy condition, and they are much better prepared and able to stand the strain of labor than those who have not taken the preparation. I have never had a patient have eclampsia after taking ingluvin, which, of itself, is no small recommendation for it. Ingluvin has, on every occasion, served my purpose well; indeed, far better than anything else I have ever tried, and I heartily recommend it to the profession.—J. W. P. Smithwick, M.D., Lagrange, N. C., in the Southern Medical Journal.

Iodipin and Bromipin.

The important place occupied by iodine in therapeutics readily accounts for the search after a substitute free from unpleasant after-effects. In this respect iodipin deserves the preference over all others. It is a chemical combination of pure iodine with oleum sesami. As shown by experiments on animals, iodipin passes the stomach unchanged and is partly split up in the intestines, partly absorbed as fat, and deposited as iodipin in the different tissues, where iodine is slowly liberated, and thus a continued and gradual effect insured. Solutions of 10 per cent. and 25 per cent. are on the market, the first for internal and the second for hypodermic use. Administration by mouth is, according to Dr. Lewitt (Deutsche medicinische Wochenschrift, xxvii, No. 20), to be preferred whenever possible, and the subcutaneous method reserved for insane or unconscious patients.

Numerous favorable reports on iodipin have appeared. Thus, Klar treated with the remedy a chronic case of bronchial asthma, another case of asthma complicating tuberculosis, one of syphilitic phthisis, and one of tuberculous infiltrations of the larynx,—all with striking success. Others report similar results.

(Continued on Advertising Page 20.)

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A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
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Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

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Ichthoform in Tuberculous Diarrhea
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CHOCOLATE-COATED TABLETS

HEROIN AND TERPIN HYDRATE.

Each Tablet contains Heroin, 1-24 gr.; and Terpin Hydrate, 2 grs.

ELIXIR OF HEROIN.

ELIXIR OF HEROIN AND TERPIN HYDRATE.

ELIXIR OF HEROIN AND TERPIN HYDRATE COMPOUND.

Contains Heroin, Terpin Hydrate, Refined Oil of Tar, Tinct. Lobelia, Tinct. Gelsemium.

The field of utility of Heroin comprises all diseases of the respiratory tract attended with cough and dyspnea. It is particularly valuable in the treatment of pulmonary and laryngeal tuberculosis, bronchitis, laryngitis, pneumonia, broncho-pneumonia, emphysema, asthma, hay fever, and whooping-cough.

The established value of Terpin Hydrate as an expectorant and alterative in the same class of diseases in which Heroin has been employed, especially chronic bronchitis, asthma, and emphysema, has induced us to offer the eligible combination of these drugs above indicated.

ROBT. T. YOUNG, Apothecary,
17th and Chestnut Sts., Philad'a.

SPECIFY YOUNG'S.

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The drug may be given in doses of 1 teaspoonful to 1 tablespoonful of the 10-per-cent. preparation thrice daily. Its oily taste can be corrected by adding 5 to 10 drops of oil of peppermint to 3 ounces of iodipin.

Recently iodipin has been utilized for the purpose of ascertaining the motor functions of the stomach. Since iodipin is changed only on reaching the intestines, the time elapsing before its appearance in the secretions may fairly be taken to indicate the motor efficiency of the stomach. Normally iodipin appears in the secretions ten to forty-five minutes after its ingestion.

Another diagnostic possibility has been suggested by Werner: in case the iodine reaction fails to appear in the urine or saliva, an obstruction of the thoracic duct is made probable, if other causes have been excluded.

Bromipin (Deutsche medicinische Wochenschrift, xxvii, No. 20), a compound analogous to iodipin, has been successfuly employed in the treatment of epilepsy, as a substitute for the bromides. Large doses can be given with safety, and the administration continued, even in cases suffering with intoxication symptoms produced by the alkaline bromides.

The Early Diagnosis of Locomotor Ataxia.

The poor results derived from the treatment of tabes is often due to the fact that an early diagnosis has not been made or that patients do not apply for treatment in the early stages of the disease. Erb (Medicinische Wochenschrift) details a series of cases which had all been preceded by symptoms of secondary syphilis, some as far back as twenty-four years. In one group of cases the tendon-reflexes were normal even after four to seven years' duration of slight lancinating pain, bladder insufficiency, sensory disturbances, easy fatigue, slight pupillary sign, and "Romberg's symptom." A second group presented no subjective symptoms whatever, and but very few and almost unnoticeable objective symptoms. Still another group was attended by marked gastro-intestinal disturbances, not typical of tabes, and with bilateral paresis of the sixth nerve and pupil sign. Author insists on the necessity of always investigating the knee-jerk and pupil-reflex in suspected cases. Tabetic symptoms with an antecedent syphilis are always serious. Absence of a syphilitic history does not establish the existence of tabes, even though some symptoms may exist. For the pains in tabes dorsalis antikamnia and salol tablets have been found most excellent when given in doses of 2 tablets every two or three hours. The antikamnia acts particularly upon the spinal cord and its sensory tracts, and consequently takes the place of opium and its alkaloids so often used to relieve patients subject to these attacks. The favorable effect of salol in this and similar conditions is well known.

The Consumptive's Room.

In an address on pulmonary tuberculosis read at the State Medical Association, Waco, Texas, April 24, 1900, Prof. David R. Fly, A.M., M.D., stated: "The chief medium of contagion is the atmosphere impregnated with dry particles of sputum expectorated upon sidewalks, flooring, bed, or clothes, etc. It is obvious, then, that those engaged in making beds, sweeping and dusting rooms occupied by tuberculous patients are more exposed. This danger, however, can be materially lessened by sprinkling the rooms with a solution of Platt's chlorides, 1 part to 8 of water."

A duster, particularly that potent distributer of germs, the feather-duster, should never be used in the room habitually occupied by a consumptive. The floor, woodwork, and furniture should be wiped with a cloth moistened with a mixture of 1 part of Platt's chlorides to 8 or 10 of water. If carpeted, the floor should be well sprinkled

(Continued on Advertising Page 22.)

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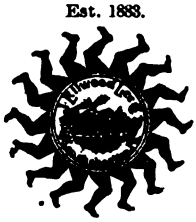

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J. ELLWOOD LEE COMPANY,

"The Home of Asepsis"

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Sole Manufacturers of the Dr. Deimel Linen-Mesh Surgical Dressings, Supporters, and Suspensories.

IMPERATIVE NEEDS

for the Summer invalid—strength,
nervous force, constitutional vigor—
are always met by the use of

GRAY'S Glycerine TONIC Comp.

It's a potent and pleasant
tasting remedy

THE PURDUE FREDERICK CO.,
No. 15 Murray Street, New York

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with this dilution before sweeping. The cuspidor should be washed out daily with boiling water and a mixture of 1 part of Platt's chlorides and 4 of water kept constantly in it to receive the sputum. The patient's clothing should be kept by itself, and thoroughly boiled when washed.

The Anodyne Treatment of Acute Peritonitis.

McCaffrey ("The Etiology, Pathology, and Treatment of Acute Peritonitis") observes that the most pronounced indication for treatment in peritonitis is that for the relief of pain. Blisters and counter-irritation, the older resorts, are practically useless. Hot-water bags and poultices are far superior, but the relief they afford is only temporary. In some cases the ice-bag is more grateful than hot applications. But whether heat or cold is employed, it should be relied upon only until other lines of treatment can be instituted. Papine should be given in teaspoonful doses every hour, and the doses repeated frequently enough to afford the desired results. Relief from pain, short of narcosis, should be sought, and this is generally easily obtained by proper dosage. Papine does not produce nausea, but rather prevents this symptom. In the event of the development of more or less prostration, a proper stimulant, such as strychnine or nitroglycerin, should be judiciously employed.—Medical News.

Hay Fever.

Abort an attack of hay fever by giving the patient 5 to 10 grains of the suprarenal capsules three to four times a day, for two or three weeks prior to the time for it to come on. Keep up the remedy throughout the hay-fever season, and much suffering will be avoided. Samples of the adrenal substance and literature upon the suprarenal treatment may be obtained by sending professional card to Armour & Co., Chicago.

Kalagua as a Reconstructive.

At a meeting of the New York Academy of Medicine, December 26, 1900, Dr. Gleitsmann presented a case of epithelioma of the larynx. The patient had been first seen in July, and his tuberculous infiltrations were curetted three times during the summer. In the latter part of September the pain had returned, and his general condition had deteriorated. He had then begun treatment with parachlorphenol and had kept it up, two or three times a week, using it after thorough cocainization. This remedy had proved a failure in more than one case, but he thought the present one would have succumbed long ago for lack of proper nourishment had this treatment not been carried out. The patient had taken kalagua for the past three months (to be exclusive of all other remedies), and had gained over twenty pounds.—Laryngoscope.

Pinus Canadensis in Genito-Urinary Diseases.

Many of the genito-urinary diseases, which have heretofore depended for a cure upon the different salts of lead, zinc, copper, or silver, now yield permanently and promptly to pinus Canadensis. In all inflammatory processes, in fact, whatever may be the stage of malady, this remedy acts successfully. Through its astringent properties it lessens the calibre of the arterioles, minute vessels, and ducts, favorably influencing their secretions and rapidly bringing about resolution. Even in rheumatism and in various other conditions requiring an external stimulating application, it is a very superior therapeutic agent, and internally it is an efficient remedy in pyrosis, acid stomach, colic, diarrhœa, and dysentery.

Sanmetto in Genito-Urinary Diseases.

Dr. Richard Eiche, of Cleveland, Ohio, writing, says: "It is doubtless of great

(Continued on Advertising Page 24.)

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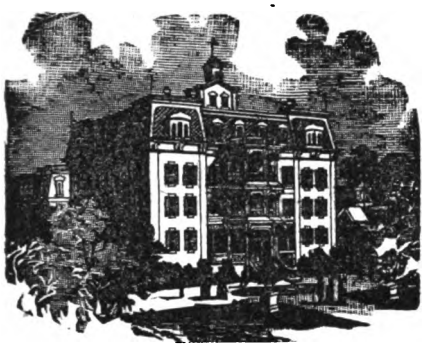

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LITHIC SOLVENT DIURETIC

Genito-Urinary Sedative.

Subdues Inflammation of Mucous Surfaces of Urinary Passages. Indicated in Cystitis and Urethritis, Acute or Chronic. Impedes Development of Gonococci.

The chemic union of Maisenic Acid—*from Green Corn Silk*—with Lithium, resulting in Maisenate Lithium. 2 grs. to drachm.
Dose—1 to 2 drachms.

"Three Chlorides (HENRY) is my favorite formula."
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(*Liq. Ferriconic Henry*)

A Potent Stimulant to the Glandular System. Promptly Reconstructive in Local or General Disturbances of Hard or Soft Tissue.

TONIC, ALTERATIVE, STOMACHIC.

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Each fluidrachm contains:—
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1-128 gr. Bichlor. Mercury.
1-200 gr. Chlor. Arsenic.
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Colchicine, 1-20 gr.; Decandria, 1-10 gr.; Solanin, 1-3 gr.; Sodium Salicylate, 10 grs.; Iodic Acid (equal to 7-32 gr. of Iodine), in 2 fluidrachms of Aromatic Cordial.

HENRY PHARMACAL CO.,
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value to the medical profession that we have a remedy at our command like sanmetto. I have used this remedy with much success in irritation and inflammation of the neck of bladder, in prostatitis, in nervousness arising from irritation of uterus, ovaries, and testes, in incontinence of urine, and in old cases of gonorrhœa and gleet. This remedy also powerfully influences the reproductive apparatus. It is not here my intention to waste space in pathological discussions, but will say that sanmetto is a weapon in the hands of the physician, and a backbone to the worn and old of both sexes."

Prophylaxis of Tuberculosis.

From one of Prof. B. S. Arnulphy's clinics, Chicago, Ill.: "We have seen of late quite a number of cases of tubercular invasion of the glands of the submaxillary and cervical regions, with or without concomitant or subsequent infection of the lungs. Two of these cases in which the glandular development was quite marked and wide-spread, threatening to extend downward into the thoracic cavity, have been operated upon by Prof. Shears, as you know, and with complete success. The others are under medical treatment and report progress. Now, when we bear in mind how uncertain are the ultimate results of internal therapeutics in cases of this description, we should industriously keep at work and teach our patients and our friends around us that the best and easiest way to cope with these insidious troubles is to prevent them. We know beyond a doubt that in most cases of tubercular infection of the cervical glands the door of entrance of the infectious agent is through the mucous membrane of the mouth and of the pharynx. Therefore any simple and practical method whereby we may insure a sufficient degree of aseptic cleanliness of these surfaces, thus barring the paths leading to the glandular structures, will be of invaluable assistance. Many preparations are to be found on the market which one and all put forth far-reaching claims, but the one I use and recommend is the glyco-thymoline (Kress), of Kress & Owen Company, of New York. It is an excellent preparation, in which the constituent ingredients are very intelligently combined, resulting in a pleasantly-flavored, alkaline, non-irritant, efficiently cleansing, and antiseptic solution, which soon becomes a stand-by with all practitioners acquainted with it. I advise all predisposed persons, of lymphatic temperament or scrofulous habit, to use a mouth-wash, consisting of one-third of glyco-thymoline (Kress) and two-thirds warm water, at least once a day. The protection thus afforded is invaluable."

Somatose as a Therapeutic Agent.

Although somatose has been tested in various directions and discussed in numerous reports, I am constrained to present my own observations for the reason that in nearly all the articles published attention has been drawn to the nutritive and roborant rather than to the therapeutic value of this preparation. I would mention right here that personally I would rather have the patient or convalescent take a glass of milk or a beefsteak than a teaspoonful of somatose. Not because the former is healthier than the latter, but because the real article is always to be preferred to the substitute. In my application of somatose in medical practice I observed, however, that this preparation has direct therapeutic action aside from its marked nutritive value. Such an effect, which may be of a specific nature, has been noted by Drews, Lewy, Lutaud, Liebe, and others, upon the mammary glands of nursing women. All these authors emphasize the fact that under the administration of somatose there is an increase of the secretion of these glands. A case met with in my practice proves that somatose has still further indications.

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THE

MEDICAL BULLETIN

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY

VOL. XXIII. PHILADELPHIA, SEPTEMBER, 1901. No. 9.

Clinical Lecture.

LUPUS VULGARIS AND PSORIASIS.[1]

BY JOHN V. SHOEMAKER, M.D., LL.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

CASE I. LUPUS VULGARIS.

GENTLEMEN: We have present to-day several interesting cases which shall form the subject of our hour's study. The first is that of a woman, 39 years of age, whose nose is extensively diseased. Much of the surface is ulcerated, and has been in that condition for the last sixteen months. The lesions extend to the tip of the organ, and around the margins are seen papules and tubercles of rather soft consistency and gelatinous appearance. A portion of the affected area is surmounted by scales of a dark-red color. The malady has been in existence for many years. It has exhibited a dilatory and irregular progress. At times there have been seasons of temporary improvement. In the earlier course of the affection she would be hopeful that the disease was about to cease, but later experience has caused her to become rather pessimistic. However, "hope springs eternal in the human breast," and the afflicted woman has sought relief at this clinic. Little itching or pain has attended the course of this exceedingly chronic and destructive affection. The patient tells me that her general health is good. Her tongue is clean, her appetite good, digestion satisfactory, bowels regular, and she is of well-nourished aspect.

In all such cases of chronic disease of the integument accompanied by more or less ulceration we find that the patients are apprehensive of cancer. The first question asked by the sufferers often turns on this point. "Doctor, have I a cancer?" they will anxiously inquire. A disease of the character now before us is a frightful disfigurement, and must necessarily give rise to poignant mortification. Nevertheless, the merciful influence of time has perhaps alleviated the mental distress, at least to some extent, and the patient has become sadly acquiescent in her pitiful condition. The word, cancer, however, inevitably opens up vistas of more acute suffering and a remoreless fate, and such patients will generally accept with a sigh of relief the assurance that the disease by which she is attacked, although tardy in its progress and disfiguring in its results, is something else, and not so fatal as cancer.

This mitigated and comparative consolation I am able to give our patient. She is certainly not the victim of epithelioma. The age at which this disease began is some presumptive evidence against the diagnosis of cancer. She was no more than thirty years of age when she fell a victim to this malady. Cancer rarely begins at such an

[1] Delivered in the amphitheatre of the Medico-Chirurgical Hospital.

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early period of life, although we are not justified in founding a positive diagnosis on this fact alone, because in rare and exceptional instances genuine carcinoma manifests itself in young people. Another argument against the cancerous nature of this case is the presence of the patient here to-day. A cancer, even of the mildest type, will scarcely exist for nine years. The patient would have been in her grave long ago instead of standing to-day among us in a very tolerable condition of general health.

We are able to support our opinion upon more positive grounds. In advanced carcinoma of any variety the related lymphatic glands are always involved in the same disease. They are enlarged, hard, and infiltrated with carcinomatous elements. In this woman there are no hypertrophied glands in association with the disease of the nose. Furthermore, the papules and tubercles of this case are soft, whereas the cancerous tumor exhibits an almost cartilaginous hardness. In cancer the lesion is single; here I detect a number, some of which stand apart, while others are in process of confluence.

It is to the ulceration and coalescence of the lesions that extension of the disease is due. Finally, the ulcer upon this woman's nose, unsightly as it is, is not deep, the margins are neither hard nor everted, and the granulations are of a bright-red color. In conspicuous contrast to this aspect the ulcer of epithelioma is deep, its edges are everted and densely hard, and the granulations are unhealthy, flabby, and fungoid.

Another cause to which the laity is wont vaguely to ascribe chronic ulceration is what they call "bad blood." The confused and incoherent conceptions of a disorderd state of the blood are generally based upon what they may know or have heard of the far-reaching effects of syphilis. We must, therefore, be prepared to say whether such a case as the one before us is or is not dependent upon syphilitic infection. If of syphilitic origin it obviously must be some form of tertiary disease, inasmuch as none of the secondary accidents involve so much destruction of tissue and retain the same individuality for a period of many years. Now, in the first place, I would observe that the ulcers of syphilis are not usually limited to one locality, but in this case the disease is confined to the nose. This region and the face generally are likewise favorite localities for the tubercular syphilide. The tubercles of syphilis, however, are larger, broader, and flatter than those present in this case. The surface of ulcerated syphilitic tubercles is of a brownish-yellow color, as is also the incrustation by which it may be covered. The ulceration of syphilis proceeds at a much more rapid rate than has been the case in the patient before us, and, consequently, taking all these characteristics into consideration, we may with confidence assert that this disease is not syphilis.

Having eliminated cancer and syphilis, we are led to the conclusion that we are dealing here with a case of lupus vulgaris: an affection which is marked by the occurrence of papules, tubercles, and infiltrated spots, which may be absorbed, but which generally break down to form ulcers, which may cicatrize in certain spots while in others they indefinitely progress. The coexistence of tubercles, ulcers, and cicatrices is diagnostic of lupus.

The first evidence of this disease is spots of a yellowish, reddish, or brownish color, ranging in size from that of a pin's head to that of a pea or bean. They gradually enlarge and develop into papules or tubercles, which can be perceived by the sense of touch as well as by sight. Small blood-vessels can be recognized around and within the lesions. They may remain isolated for a certain indeterminate period, after which they generally coalesce more or less universally, displaying usually a circular or serpentine outline. At this stage the cellular growth may either be absorbed, leaving a desquamating and atrophied surface, or may be transformed into ulcers. In the former event the disease is distinguished as

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lupus exfoliativus, or non exedens, while the latter variety is described as lupus exedens. In some cases warty outgrowths accompany the ulcers, and this form has obtained the designation of lupus hypertrophicus. The disease when fully developed offers a composite picture. An ulcer or ulcers are seen with papules or tubercles, or both, scattered around the margins, together with spots or patches of cicatrization, indicating the location of former ulcers. This feature distinctly separates lupus from cancer. The ulcers of lupus—though, as I have said, usually superficial—are in some instances deep, and may destroy tissue down to the bone. This gravity, however, is exceptional. Little pain attends the progress of the disease. In some cases there is moderate pain during ulceration or produced by friction of clothing. The face is the favorite seat of lupus, although it may occur on any part of the body. No doubt you will remember a patient who was before the class some months ago afflicted with a large patch of lupus upon the buttocks. An unusually repulsive form of the disease is occasionally seen in the vulvo-vaginal region. In some instances the first manifestation of the disease is upon a mucous membrane.

The difficulty of diagnosis between lupus and cancer may be enhanced by the facts that in some cases the former gives rise to inflammatory enlargement of adjacent glands, and that in some recorded cases lupus has been transformed into or followed by carcinoma. Attentive study of the cases and the lesions should, however, prevent error of diagnosis. The essential pathological feature of lupus is a small-celled infiltration, at first into the corium, but subsequently involving all the layers of the integument. The accumulation of cells is at first surrounded by a dense layer of connective tissue. Eventually the local circulation is obstructed and retrogressive changes begin in the centre. The infiltration spreads along the blood-vessels beneath and into the papillæ of the skin. The infiltration may in some spots be absorbed without ulceration and some of the ulcers may cicatrize.

Lupus often begins early in life. This is a diagnostic point of some significance, although we have met with a number of instances in this clinic where the advent of the disease was delayed long beyond the period generally assigned for its origin. It exhibits a certain association with the scrofulous or tuberculous diathesis.

It follows, therefore, that in the treatment of lupus we should sedulously safeguard the general health. In some cases it will be necessary to observe precisely those regulations which are suitable to general tuberculosis. The diet must be superintended, the hygienic surroundings must be perfected as far as circumstances allow, and, just as in scrofula or consumption, the patient with lupus is not infrequently benefited by change of climate. Codliver-oil is also often advantageously brought into requisition. Creasote, ferrous iodide, other preparations of iron and of phosphorus, potassium chlorate, and sometimes arsenic have also proved serviceable in particular cases. Here, as elsewhere, every case must be studied by itself, and we should order our treatment in accordance with the condition of the patient and stage of the disease. Every case is a law to itself, and we have no routine method applicable without modification to all cases.

I regard local treatment as of less importance than the constitutional measures which I have outlined, although undoubtedly much assistance is rendered by well-chosen external methods. Our objects must be, in short, to secure absorption or destruction of infiltrated tissue, to destroy unhealthy granulations, and promote repair of ulcers. There are many agencies by which we may seek to accomplish these purposes. In the early stage I have often observed improvement after local depletion by means of a needle-knife, directly puncturing the diseased tissue. Bleeding is encouraged by the application of warm water, and the procedure is repeated two or three times

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a week. Others have punctured the nodules with points which had been dipped in silver nitrate, carbolic acid, etc. Some have advised cauterization, curettage, or even excision. A whole host of substances have been used in the ointment form. Tar, salicylic acid, chrysarobin, iodoform, resorcin, naphthol, iodide of sulphur, red iodide of mercury, chaulmoogra-oil, and cinchonine iodosulphate are among those which have been oftenest recommended. Aristol, in the form of a diluted powder or an ointment, is a serviceable dressing to the ulcer of lupus.

One of the most efficient local remedies at our command is pure and undiluted carbolic acid. It has been shown by Levis, Gardner, Allis, and others that used in this manner carbolic acid is anæsthetic and cauterant, sealing up at once the blood-vessels and lymphatics, thus preventing both hæmorrhage and sepsis. This agent obtunds sensibility, whereas the other strong caustics cause much pain. The application of carbolic acid destroys the cells and lesions of lupus and facilitates repair of the ulcers. This procedure shall be adopted in the present case. Subsequently an antiseptic ointment shall be employed, consisting of:—

℞ Hydrargyri ammoniati, gr. x.
Creasoti, *m*v.
Olei eucalypti, *m*v.
Unguenti zinci oxidi benzoati, ʒj.
—M.

The surface shall be touched twice a week with carbolic acid, and in the meantime the above-named ointment shall be kept in contact with the parts. The quantity of creasote in the salve shall be gradually increased from 5 to 10 minims.

Internally this patient shall have 1 drachm each of codliver-oil and syrup of hydriodic acid, and after a week has elapsed the dose of each shall be increased to 2 drachms.

Case II. Psoriasis.

A printer, 22 years of age, previously healthy, has had an eruption on the body for the last three months. Beginning upon the right leg and back, it has spread to all parts. His hair is dull and lacks lustre. The eruption consists of dry, scaling patches of various sizes. They are seen upon the scalp, face, neck, breast, abdomen, back, arms, legs, and, in fact, occupy the greater part of the surface. Nevertheless, in those regions which are free from lesions the skin appears to be perfectly healthy. There is no gradual blending of diseased into healthy tissue, such as is seen in eczema. There has never been the slightest sign of moisture, such as is usually present in some stage or form of eczema. The patient's nails are thickened. The man is a Russian and unable to speak English. Not much can be obtained from him as regards history. I gather from his gestures rather than the few words which he understands that the disease began in the form of isolated papules. In the study of cutaneous affections it is highly important to discover the manner of beginning of every case and to learn to recognize the primary and secondary lesions. In this case the primary lesion was a papule. Papules are common to many diseases of the integument. That disease which is so rife and to which I have already alluded—viz., eczema—also exhibits papules in one of its varieties. In papular eczema, however, these lesions are small and are closely aggregated. In the case before us I can discern a few papules, which are about the size of a pea. The large patches so numerous in this case have resulted from the slow enlargement, extension, and coalescence of such papules.

The individual papules are tipped with scales. These are stiff and firm, closely adherent to their base. If they are forcibly detached, a little bleeding-point is left. When, as in the present case, numberless scaling papules have fused into one great mass of disease, a very characteristic aspect is produced. The scales are of a whitish color, and this man's body, seen from the benches, looks as if it were covered with mortar. All these points are of diagnostic

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significance. The wide-spread infiltration and accumulation of scales render the skin stiff and inelastic. We meet with scales in one form of eczema, and which is therefore denominated squamous eczema. The scales of the latter affection, however, are thin and loosely attached to the surface. The skin beneath them is of a brighter red than we see in the person of this patient. From these contrasts we are so far on our way to a diagnosis that we may already eliminate eczema from our thoughts in connection with this case. Syphilis may likewise be dismissed, for in that infection a chief characteristic of its exanthems is their polymorphism. I mean, of course, that as syphilis is capable of producing many forms of skin rashes it does, in fact, produce several of them upon the surface at the same time. On the body of a syphilitic we are liable to find, at one and the same time, macules, papules, large and small pustules. The lesions of syphilis are, moreover, of a coppery color. The man before us exhibits one definite and uniform picture. The lesions are all of the same character, whether upon the scalp or the legs, the back or the breast. Where the scales have fallen or have been rubbed off by the clothing the surface is of a rather deep red, it is true, but differs decidedly from the coppery hue of syphilis.

We have already, even without the advantage of being able to interrogate the patient, learned much concerning the nature and development of the disease by which he is afflicted. We may infer that he has not been troubled by much itching or by pain. His countenance, as he stands in the arena, is quite unruffled. There are no tangible evidences of scratching upon his body and you do not see him twisting himself about to rub one leg with another or scratching with his hands, as you have often seen patients suffering from eczema endeavor to relieve their torment. Finally, I note in regard to this man that he is of robust build and appears to be well nourished. We are confidently persuaded that there must be an adequate cause for such universal disease of the integument, yet that cause is not of the kind which produces waste of tissue or loss of muscular strength.

The scales, which are such a conspicuous feature of this case, are obviously an enormous increase of the normal epithelial cells and layers; in other words, an hypertrophy. A touch of the rough and thickened integument assures me that there is chronic infiltration of the corium, with overgrowth of some of its elements. It is among that class of skin diseases described as hypertrophies that we must, therefore, look for the position of the disease which now engages our attention and study. We have taken, indeed, long strides toward its identification or, as we technically say, its diagnosis. Before concluding that matter, however, I wish to exhibit to you another patient.

Case III. Psoriasis.

A woman, aged 27 years, comes to us on account of an eruption upon the elbows and knees. In the former localities it has been in existence for more than two years. There is a particularly large patch below the left elbow. The affected surface is sharply circumscribed, covered with white scales, and beneath these is of a dark-red color and rough to the touch. The disease began with isolated papules. The woman is subject to rheumatism; her tongue is coated; her digestion is said to be good and bowels regular.

Case IV. Psoriasis.

A little girl, 7 years of age, has a dry and scaling eruption upon the scalp and the greater part of the body. It consists of papules and patches. The hair is dry and devoid of polish. Much itching has been caused by the disease.

These last three cases are all stamped with the same dye. They are evidently of identical nature. The papules surmounted by scales which are white and firmly attached, the intervening healthy skin, the aggregation into patches, are typical characteristics. They are excellent examples of the disease

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known as psoriasis. After our careful observation of the lesions now beneath our eyes it is not necessary that I should dwell at much length upon the objective signs of this affection. As illustrated by these three individuals psoriasis attacks both sexes and all ages. Itching is not usually a prominent symptom, but that it may be so exceptionally is shown by the last case. According to the arrangement of the lesions several subtitles have been given to the disease. When the surface is spotted with papules between which are districts of healthy skin, we speak of psoriasis punctata; sometimes roundish patches of about the dimensions of a silver coin are encountered, and these are described as psoriasis nummularis; in other instances the aspect is as if spots of mortar had been dashed against the skin, and then the term psoriasis guttata is employed. In some cases, as in the first of this group, the eruption is so extensive that we may properly designate it as psoriasis diffusa or universalis. In certain instances the central portion of the eruption will lose its scales and fade, leaving circles, semicircles, or serpentine lines. I have called your attention to the stiffness of the integument in the first case. In the most inveterate instances this inelastic integument may crack and painful fissures may form. In the progress of the malady some spots or patches may recede, while new ones make their appearance. For this reason it is generally possible to recognize the initial lesion, viz.: the papule. There are certain favorite localities for the development of psoriasis. These are regions in which the integument is unusually thick and the epidermis abundant. The back of the elbows, the front of the knees, the scalp, and, in general, the extensor surfaces of the limbs in distinction to the flexor are territories upon which this disease particularly prevails. This fact gives us one of the minor points of diagnosis between psoriasis and eczema; the latter malady attacks by preference the flexor surfaces, where the skin is thinner and more delicate. Psoriasis diminishes the nutrition of the nails as well as of the hair. The horny plates may become pitted or they may fall.

Psoriasis is dependent upon many causes. In some cases the condition of the blood is at fault. In other examples it is due to disorder of the nervous system. It has sometimes arisen suddenly in consequence of some strong emotion. The elements of gout or rheumatism in the blood or system are often responsible for its occurrence. It may follow some other disease of the skin. It may be the result of some injury, but traumatism alone will not, in my opinion, account for its existence; there must have been some underlying and co-operative predisposition. It most often begins at about the age of puberty. It is of an obstinate nature, and cases often endure for many years and, in fact, the greater part of a lifetime. The disease may temporarily improve or be improved, but relapses are frequent.

From what has been said we may derive some hints as regards the management of psoriasis. There is no universal rule of treatment which will apply to all cases. Our directions must chiefly depend upon the nature of the exciting cause and our best efforts should be given to its discovery. In a gouty or rheumatic individual we should address our therapy in accordance with the constitutional conditions.

Temperance, bodily activity, colchicum, lithium, salicylates, potassium iodide, and other eliminating or alterative agents are of value. Small and continued doses of a mercurial may be tried in cases of doubtful origin. In all cases the activity of the kidneys and the bowels must be maintained, the functional capacity of the alimentary canal be promoted, as well as the functional activity of the skin itself, the latter object being accomplished by means of baths, massage, antimony, ipecacuanha, pilocarpine, etc. Nervous patients must avoid coffee, tea, tobacco, and exciting habits of life. Medicinally they are most likely to be benefited by the use of silver nitrate, zinc

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oxide or carbonate, potassium bromide, valerian, chloride of gold and sodium, and, above all, the galvanic current.

I merely drop the caution here that in the use of mercury and silver you should keep on the alert against the toxic influences of those drugs. Arsenic has an undeniable, though somewhat vaguely defined, field of usefulness in psoriasis. It should never be given except in the chronic stage. While it is being administered the patient should carefully obey hygienic rules, and the effect of the medicine must in all instances be watched. The drug may be given in the form of arsenous acid, the solution of sodium arsenate or of potassium arsenite, or it may be thrown beneath the skin: a most excellent method in obstinate cases.

Local treatment alone is by no means sufficient in psoriasis, yet it may accomplish the desirable purpose of quickly removing the scales, which are the source of much annoyance to patients. Warm baths and inunction with oil are the preferable methods for loosening and detaching the scales. After this object has been attained a stimulating ointment will be of service. Among substances employed in this form I may here name tar, turpentine, the mercurials, naphthol, naphthalin, iodine, sulphur, etc. The claims of chrysophanic acid and pyrogallol have been advocated with great enthusiasm, but these remedies, though powerful, require much care in their use, and may aggravate instead of improve the condition. They are capable of producing general toxic symptoms. Chrysarobin has likewise been recommended for internal use.

Reverting to the patients before us: the first patient is a poor man, a foreigner, an immigrant. He must work hard all day and has not much time to spare for making applications to the skin. Warm baths will do as much for him as can be done in that direction. Acting upon the general principles which I have outlined, he shall be ordered a capsule composed as follows:—

℞ Sulphuris sublimati, gr. iij.
Terebeni, *m*iij.
Olei gaultheriæ, *m*ss.
Podophyllotoxini, gr. $^1/_{20}$.
M. et ft. capsul. No. j.
Sig.: Two such capsules four times a day.

This combination will stimulate the activity of the liver and intestinal glands while exerting an antiseptic influence upon the alimentary tract, and will thus remove and counteract the noxious products which play an important rôle in producing the disease of the skin.

For the second patient, the woman, I shall order with similar objects and in view of the defective function of the gastro-intestinal apparatus:—

℞ Salolis, gr. iij.
Sulphuris sublimati, gr. j.
Olei gaultherei, *m* $^1/_{10}$.
M. Sig.: One such capsule three times a day.

As an external application she shall have:—

℞ Olei cadini,
Sulphuris sublimati, of each, ʒj.
Acidi salicylici, ʒss.
Unguenti hydrargyri nitratis,
Unguenti zinci oxidi benzoati, of each, ℥ss.
M. et ft. ungt.

The little girl is a nervous, excitable creature and will be benefited constitutionally by a corroborant composed as follows:—

℞ Liquor potassii arsenitis, *m*xvj.
Tinct. nucis vomicæ, ʒss.
Tinct. gentianæ comp., ℥ss.
Syrup. sarsaparillæ comp., q. s. ad ℥ij.
M. Sig.: Teaspoonful three times a day.

To the patches of disease shall be applied:—

℞ Olei juniperi, *m*xv.
Acidi salicylici, gr. xx.
Balsamum Peruvianum, ʒj.
Unguenti zinci oxidi benzoati, ℥j.
M. et ft. ungt.

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Original Communications.

AURAL PYÆMIA WITH DERMATO-MYOSITIS WITHOUT APPARENT THROMBOPHLEBITIS OF THE SINUS.[1]

By Dr. L. Bar,

NICE, FRANCE.

The case which I have to report is similar to those which Szenes, Chatellier, Schmiegelow, and others have hitherto placed on record. It is by means of these pathological observations that Hessler, Brieger, and especially Koerner have been able to prove conclusively that in addition to the pyæmia of aural origin attended by sinuso-jugular thrombophlebitis, generally fatal, there exists a less grave form of pyæmia, in which the cranial sinuses are not involved. A report of Laurens last year before our society was likewise very explicit in this respect, and we are aware that one finds in that paper a very lucid presentation of all our knowledge upon the subject. A new case of the kind may yet possess some value, however, and its interest appears to warrant its narration.

History of the Case.—Toward the end of February, 1900, Mrs. Sch., of Berlin, aged 64 years, was attacked by the grippe, which was soon complicated by a catarrhal otitis of rhinopharyngeal origin. When we were for the first time called in consultation on May 1st by her distinguished physician, Dr. Bartach, there was an abundant flow of reddish pus from the external auditory canal. The discharge was derived from the middle ear through a spontaneous perforation of the tympanum. According to analysis, the pus was of streptococcic nature. The mastoid process was slightly painful. There were internal pulsations, with contracture of the neck. Finally, with a typical subicterode facies Mrs. Sch. had a fever with irregular thermometric records, ranging about 38.9° C. (102.2° F.) and 37.6° C. (99.6° F.), while the pulse averaged from 80 to 90.

Until March 9th the condition of the patient remained stationary, but on that date she had a chill, accompanied by photophobia, malaise, and anorexia, with augmentation of the pulse (92) and fall of the temperature to 37.6° C. (99.6° F.), attracting our attention and keeping us on our guard, notwithstanding that the patient felt better immediately after the event. In fact, the reddish, hæmorrhagic suppuration of the ear became more abundant, although it soon decreased. The throat was sensitive.

On March 11th there was an exaggerated sensation of heat throughout the entire body, although the extremities remained cold. There was headache, with pain radiating into the sphere of the trifacial. The appetite was lost. The temperature was 39.6° C. (103.2° F.) and the pulse 80 in the morning; in the evening the thermometer registered 38° C. (100.4° F.) and the pulse was 92. On March 12th, as the flow of pus still diminished, a free myringotomy was practiced. The patient, notwithstanding the advice of her physicians, was unwilling to permit any operation upon the mastoid. At the same time an attempt was made to wash out the middle ear through the Eustachian tube. The intervention was followed by a remarkable amelioration. The pain in the mastoid region disappeared, the pulsations in the middle ear subsided, and the escape of pus was more free. The pulse and temperature, however, remained at the same points. Antipyrin, salipyrin, etc., were used in vain. The 4-per-cent. borated irrigations, which had been employed from the commencement, with the application of 20-per-cent. carbolated glycerin, were now replaced by irrigations of 1-per-cent. lysol.

The improvement was delusive and of very short duration. It terminated the first phase of the case, that of pyæmic infection,

[1] Translated for The Medical Bulletin from Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie, 6 Juillet, 1901. Travail communiqué à la Société francaise de laryngologie, mai, 1901.

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the chief features of which were locally a streptococcic otorrhœa with mastoid symptoms (pain and œdema), headache, trigeminal neuralgia; systemically, chills, fever, digestive and perhaps circulatory disturbances (bloody sputum).

Second Phase.—The second stage of the disease, one of metastasis or confirmed pyæmia, began immediately, for, while on the 16th repeated chills, weakness of the pulse, an abundant odorless suppuration, and bloody sputum caused us to foresee that the disease had not reached its end, there was added on the 17th to all these signs a characteristic manifestation in the right leg. This suddenly became painful, sensitive to pressure, slightly swollen, and exhibited all the signs of a deep phlebitis. All day there was pain in the temporal, but not in the mastoid, region. On the next day, March 18th, after a very calm night, or rather one of marked prostration, the patient awoke from her heavy slumber with disappearance of headache, pain in the right leg, and remarked, not without surprise, that the flow from the ear had almost entirely ceased. The pulse oscillated around 90 and the temperature around 38° C. (100.4° F.), indicative of a febrile condition. On the 19th she lay in the same state. A dose of calomel was given internally and borated irrigations in the ear. On the 20th there was pulsation in the ear, almost complete absence of suppuration, and lack of appetite. The throat was red and painful.

March 21st. Very little suppuration. A complementary myringotomy, with politzeration, indicated that the middle ear was nearly empty. The patient was very talkative: an evidence of slight cerebral irritation. In the evening we found, with a temperature of 39° C. (102.2° F.) and a pulse of 104, a more copious flow from the ear and *pain in the wrist-joint without manifest objective lesion.*

March 23d. Return of pain in the leg. The throat was sore and the contractured neck was very painful. The upper part of the left carotid region seemed, in fact, the seat of the evil. It was extremely sensitive to the touch, principally upon the anterior and posterior borders of the sterno-mastoid. Very cautious palpation, however, did not reveal in the somewhat œdematous tissue the presence of the hard strand pathognomonic of jugular thrombosis. Although rotation of the head caused pain, we could only by these signs be placed on our guard against the possible presence, actual or future, of venous thrombosis. Temperature, 37.8° C. (100° F.); evening, 38.8° C. (101.8° F.). The intelligence was perfect. There was little discharge from the ear.

March 24th. The condition remained the same, but there was, in addition, a slight œdema in the popliteal space.

March 25th. The pain and contracture of the neck and the pain of the wrist-joint disappeared. There were intestinal distress, abundant salivation, and photophobia.

March 26th. The pulse was very compressible, the urine sanguinolent, there was pain in the right leg and in the left wrist with formication, pain in the temporal region and in the mastoid. The patient consented to the operation. The temperature was 38.7° C. (101.6° F.), the pulse 112. The mastoid was trephined and the sinus opened. Nothing was found in the cortex. In the antrum and cells was a small quantity of pus. Through the opening into the sinus, accidental and consequently large, there escaped a gush of black blood without infarct and without adhesion to the wall of the cavity. The flow was immediately arrested by a tampon. The antrum was drained with iodoform gauze. The patient passed an excellent night.

March 27th. The morning temperature was 38.1° C. (100.5° F.); in the evening 38.7° C. (101.6° F.). The pulse was 100 in the morning, 112 in the evening, irregular and intermittent. There was a cardiac murmur. The respiration was short and rapid, 50 to the minute. The left wrist was painful. On the next day there was sharp pain in the right shoulder, but all the articular signs and pains ceased. The tem-

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perature descended to the neighborhood of 37° C. (98.6° F.) and for four days there was constitutional improvement. The dressing which was in place during this period was remarkable in that it contained no pus, and the borders of the wound were red, while the sinus had cicatrized.

On April 2d, nevertheless, there began a new metastatic stage. The wrist, the left hand, the fingers, and left knee were painful and swollen. The swellings were diffuse. That of the knee extended to the anterior surface of the thigh, that of the wrist invaded the hand. The redness was diffuse and erysipelatous. Upon palpation a gelatiniform infiltration of the subcutaneous tissue was recognized. The tongue again became coated and then dry. There was no appetite. The temperature in the morning was 37.5° C. (99.5° F.) and in the evening 38.1° C. (100.5° F.); the pulse in the morning was 80, and 90 in the evening. There was a chill. Salipyrin was prescribed, with frequent inunctions of essence of wintergreen and essence of birch. The two legs, particularly the right, and, above all, the calf, became the seat of a painful infiltration which embarrassed movement. The patient's tendency was to place her muscles in complete repose. They were hard and rigid. This condition lasted with almost constant severity until April 16th. Upon that date the erysipelatous redness was at its maximum, the articulations and muscles excessively painful. The urine contained much sediment; the mind was dull; the pulse was 108, small, and compressible. The temperature varied during the day from 36.8° C. (98.2° F.) to 38.4° C. (101.1° F.). The opening in the mastoid was partially filled with fleshy growths and gave issue to no pus.

The different remedies employed—salipyrin, sodium salicylate, salicylic acid, quinine, colchicine, colchi-sal, turpentine frictions, etc.—produced no result, and the condition remained extremely grave. The lungs and the brain had escaped attack, but the heart became more and more intermittent.

April 26th. The pulsations were so feeble as to lead us to fear the approach of death. Caffeine was injected.

April 27th. Intestinal distress.

April 28th. A sudden amelioration took place, the tongue became moister, the pulse strong and regular, the joints and limbs less swollen and less painful. The dressing of the ear was tinged with pus.

April 29th. The urine was plentiful, the signs of metastasis disappeared, and from this day the case progressed more and more toward recovery, the general condition improving, the local manifestations disappearing, and the opening into the bone was closed. By the month of July the patient had entirely recovered.

The long duration of constitutional infection which, concurrently with streptococcic otitis, afflicted the patient, draws attention in turn to the following points: (1) the pathological manifestations in the region of the left jugular, the side of the affected ear, and the arthropathies; (2) the accidental opening into the sinus, but which was demonstrative of the absence of thrombophlebitis; (3) the dermatomyositis and arthropathy; (4) the cardiac trouble; (5) recovery.

The primordial cause of a process so serious was evidently a streptococcic inflammation, an infectious condition, the localization of which was in the ear, early evidenced by the initial chill and the signs in the vicinity of the jugular vein. These signs, the temporary and painful contracture of the sterno-mastoid, contracture of the muscles of the back of the neck, the regional œdema without ganglionic engorgement, were, in their totality, difficult of diagnosis. They might, in fact, be the signs of a thrombosis, either of the internal jugular or the veins which emerge from the condyloid foramina. The latter vessels are tributaries of the posterior jugular vein. Orwe Green and Brieger attribute intangible or scarcely perceptible thrombosis to the last-

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named channels in order to explain, in such cases, the painful infiltration of the muscles of the neck. As regards the internal jugular, although we failed to detect by palpation the cervical cordon of thrombosis (it is not always found), yet it could be fairly suspected of being the seat of thrombophlebitis, not only by reason of the local signs, but also and especially because in such conditions, it is usually involved either in its entirety or in a part. However this may be, the short duration of these signs must be noted, and the fact that the sinus, when opened by surgical means, seemed healthy deserves particular attention. In fact, from its opening there was seen to escape from its visibly healthy walls a gush of limpid blood without pus and without clots, an evidence that it was not the seat of total or parietal thrombosis. The septicæmia could not, consequently, be due to a sinusitis, since the sinus appeared healthy. It is necessary to look upon the pyæmia as derived by infection from the ear, either from the mucous membrane of the tympanum or from the jugular, and consequently of favorable evolution. Leuler, in his interpretation of otitic pyæmia, recognizes, as we know, but one form, which, more or less serious in different cases, is always derived from a phlebitis of the sinus. A number of examples, that of this paper among others, prove objectively that the contrary is possible, or at least that, to share the opinion of the author cited, one should believe in a parietal thrombosis of the sinus, visible only through the microscope: a conception which is far from having been demonstrated.

More simple and admissible appears the explanation of Brieger, who follows Laurens in conceiving that, in accordance with the laws of general pathology, the virulence of the pathogenic germs is exalted. Koerner first, and afterward Brieger, have, in fact, supposed with reason that by the side of a fatal pyæmia, associated with suppurative phlebitis of the lateral sinus, there exists a benign form, produced by intra-osseous phlebitis (within the petrous portion of the temporal bone) and by passage of infectious germs into the general circulation. The present case, in addition to so many others which have been recorded, is convincing proof to us of the truth of this doctrine. Indeed, in the absence of any sign pointing to the sinus we have only been able to impute to the streptococcic virulence of the suppurative otitis the phenomena of pyæmic infection which unfolded themselves before our eyes.

This pyæmia, although not derived from the sinus, presented itself, nevertheless, in a very severe form. We have witnessed it, in fact, after a short remission assume an increased intensity in the guise of infectious pseudorheumatism and with the most marked signs of dermatomyositis. Dermatomyositis may, moreover, be a less rare septicæmic manifestation than is generally believed, and we have long known that it is one of the inflammations consecutive to grave infectious fevers, as scarlatina, measles, and, above all, typhoid. It has even been thought that myositis might occur in the course of rheumatism, but we believe that such cases belong to the period when the division between true rheumatism and infectious pseudorheumatism had not yet been established. One had not failed, in a case similar to our own, to consider the dermatomyositis as a symptom of the pseudorheumatism which had developed. Perhaps even, forgetting the condition of the ear, the symptoms due to which had improved, to the point of being passed over unperceived, nothing more might have been recognized than true rheumatism, with all its consequences, heart disease among others. The heart, indeed, was attacked in its turn, and, whether from infectious myocarditis or a microscopical infarctus, which, had penetrated its substance, its functional activity was disordered and its beat faltered for an instant. This complication was happily without consequences.

To conclude: The pathogenesis of this case obliges us to assent to the opinion of

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Koerner and believe that there are two varieties of otitic pyæmia: the one due to thrombophlebitis of the sinus predisposed by a chronic otitis, the other immediately caused by an acute infectious otitis without the necessary intervention of thrombophlebitis and produced simply by the direct passage of infectious germs into the circulation.

The latter form, generally curable, does not, like malignant pyæmia, create metastases in the primordial organs, the lungs, etc., but, reaching the greater circulation and its radicles by means of infarcts which are usually of microscopical dimensions, gives rise in the muscles and especially in the joints to such accidents as we observed.

Under these circumstances one might lose sight of the primary cause, and, forgetting the original otitis, see no more than the peripheral lesions or a simple general condition, undoubtedly serious, of, for example, a grippal infection, etc. We also believe with Laurens that not only should bacteriological examination of the aural pus be made, but the blood itself should be early examined, serodiagnosis practiced, etc. If the symptoms warrant, an operation upon the mastoid and sinus should be performed, for, if only in itself exploratory, nevertheless upon it alone may depend the safety of the patient.

A purely medical treatment of the otitis is necessary at the beginning of the disease. Subsequently, if indicated, the mastoid should be opened. Finally, the pyæmia should be combated by all the means at our command and in accordance with the symptoms.

BOTANICAL NOMENCLATURE.

By T. G. Stephens, M.D., Ph.D.,
Sidney, Iowa.

Nothing can exceed the variety of the vegetable kingdom, which pervades the high-ways and the by-ways of all climates and almost every portion of the dry land and of the bed of the sea, and these are all divided into species which differ from each other. They are of all sizes, from the microscopical bacterium to the cedar of Lebanon and from the slender willow to the banyan tree. In China may be seen oaks, chestnuts, pines, and cedars, growing in flowerpots and fifty years old, but not twelve inches high. The longest plant in the world is the sea-weed. One is known which, when it reaches its full development, is at least six hundred feet in length.

A plant consists of two parts: root and stem. To become a tree it has to repeat itself upwardly by providing more similar parts, its general plan being radiate. Some are barely one-twentieth of an inch in length and the diameter does not exceed that of a fine thread, but the most astonishing of all are the "big trees" of California, the sequois, and a species of eucalyptus in Australia, whose heights are more than four hundred and twenty feet and are prehistoric, appearing in the cretaceous and flourishing through the tertiary period. Thus far, according to Bentham and Hooker, the number of genera known to botanical science enumerates about eight thousand seed-bearing plants, and the number of species recognized is probably in the vicinity of one hundred thousand and probably as many more in the non-seed-bearing or lower cryptogams and microscopical organisms.

In botany the highest groups down to genera have distinct names. Some plants grow upright, others creep along in a serpentine form; some flourish for ages; the leaves of others soon begin to droop, show the hectic tint, and die. Some grow in moist soil, others in dry soil. Some turn toward the sun, others move in an opposite direction; others shrink and contract when we approach to touch them. Some are Alpine and can exist only on the summit of mountains. Some grow in the marshes, others on the plains. Each of these is adapted to its peculiar situation.

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Temperature differs for different plants. The red snow-plant of the Arctic regions thrives at a temperature very near the freezing-point, while others—as the vanilla-plant—cannot flourish except in the tropics. Quickness of growth is not uncommon in plant-life. In Siberia only a month elapses from the time when the plants first emerge from the ground to the ripening of their seeds, and their spring, summer, and autumn are altogether only of forty-six days' duration.

The analogy between animals and plants is quite close. The former takes its food into a central cavity, while the latter receives its nourishment mostly through its roots and leaves by absorption. Carbon and hydrogen are always necessary and conducive to the support of vegetable life. Plant-roots are ordinarily subterranean, while others send down roots from the branches, as the banyan, or Indian fig-tree of India. Every branch from the main body throws out its main roots several feet from the ground; these continue to grow thicker until they reach the main surface, then striking in, and enlarging, become trunks and parent-trees, shooting out new branches from the tops. Contrary to most animal and vegetable productions, it seems to be exempt from decay, is doubtless one of the most singular and magnificent objects in the vegetable kingdom, and is the most notable evergreen on earth. The number of large trunks of one of these singular trees amounts to three hundred and fifty, and the smaller ones exceed three thousand. Every one of these is constantly sending forth branches and aërial roots.

This tree affords not only shelter, but sustenance, to all its inhabitants, being covered with figs. The foliage is generally filled with pigeons, doves, pea-cocks, and a variety of feathered songsters; bats of a large size, many of them measuring upward of six feet from the extremity of one wing to the other; monkeys are seen teaching their offspring to select food and to exert themselves in jumping from bough to bough. These are the trees under which a sect of naked philosophers, called "Gymnosophists," assembled in Arrian's days. Nearchus speaks of one covering five acres and extending so far that ten thousand men might find shelter under it.

Another tree which approximates to a certain degree to the one now described is called by botanists Adansonia, and is also known by the name monkey-bread tree.

Plants have a circulatory system; the sap passes from cell to cell until finally it reaches the remotest part of the plant. Rings of growth are observed in the wood of trees that inhabit climates where there is a decided change of season so as to produce a periodical cessation of growth. The largest number of woody annual rings yet reported in any case appears to be that given for the great trees of California, numbering twenty-one hundred, with a probability that others considerably exceed this. Cultivation improves, but it has never been known to be so great or fundamental as to originate in this way a wholly new plant or animal, but variation is observed to accumulate in long periods of time. Some plants have hydroscopic movements, as the so-called resurrection plant of California and the Oriental plant known as the rose of Jericho. These plants wither during the dry season and are blown by the winds, often to a great distance over sandy plains, but resume their verdure and send forth blossoms when they reach moist soil. Plants have sleep-movements. The leaves of the oxalis, clover, and many others at night change their positions and droop. Odors of flowers depend in some cases upon the presence of a volatile oil which can be extracted by distillation.

The flowers of many plants have movements like the sleep-movements; some open in the sunshine and close in cloudy weather. Others, like the evening primrose, have the opposite habit.

Plants possess irritability, as shown in the leaves of the sensitive plant or those of Venus's fly-trap. The sensitiveness of

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plants may be compared by the application of ether or chloroform or their equivalent by placing the anæsthetic under a bell jar in such a way as to fill the confined atmosphere with its vapor. Some of the leaflets will soon droop and become insensitive. Although they do not possess a nervous system, the anæsthetic travels from cell to cell. Some plants are insectivorous or carnivorous and have the power of capturing flies. These plants are numerous, and contain a pitcher-like vessel which assimilates or does the ordinary work of vegetation. Some of them hold water, in which they capture their prey, by a stupefying secretion held in their vessels. Others possess secretory glands which yield a sticky fluid. When an insect alights upon a leaf of a plant its violent struggles to escape only wind more closely about it the thread of viscid matter from the glands. The growth of plants is imperceptible to the keenest eye, but it can be satisfactorily measured. Heimdall was the watchman of the bridge Biefröst leading to the underworld. Heimdall was so sharp a watchman that he could even hear the grass grow on the earth and the wool on the backs of sheep (mythology). The general consensus of opinion is that the temperature of the globe in early times was much higher than at present, and, of course, more uniform over its surface.

We find in the rocks of frozen Greenland the remains of a temperate flora closely related to our own. From close investigation it is inferred that, for the most part, the imbedded animals and plants lived and died on or near the same spot where they were found. Geologists tell us that there are four periods and four classes of rocks; each period left in the rocks formed in it some traces of its animal or plant life. The traces in the first are not clear or positive. The paleozoic in the second period lying above the first layer inclose the oldest remains of organic life gone to petrification. The phenogams were the first represented by a tree belonging to the conifer tribe, which includes the pine and other cone-bearers, and the cycads were introduced during the course of the era. Here, too, are imbedded the stems of the lyriodendron, also the sigillaria.

The mesozoic rocks in the third period rest above the paleozoic, and contain remains of plants more like those which now exist. There appears to be a complete metamorphosis. We are now in a different atmosphere and leave the luxuriant growth of coal vegetation. The lyriodendron and sigillaria disappear. Cycads and volgas have possession. Marshes have disappeared. Ferns, conifers, and cycads chiefly ruled this period, which is called botanically the age of cycads on account of their great number. The cenozoic rocks lying highest of all except when they have been thrown out of place by elevating or distribution forces, and contain forms of vegetable life which bear a close resemblance to the present forms. The first land-plants distinguished satisfactorily was a species of gigantic club moss. Many of the plants that are dwarfed in our age were then of great size. The temperature was evidently much like that of the torrid zone.

Nomenclature is a term employed to denote the language peculiar to any particular science or art. Botanists have figured largely in having their names applied to plants. Plants have truly scientific botanical names, which are the same in all countries, in consequence of the nomenclature being in Latin or Greek. Many genuine names are found in the long list of eminent botanists, men who in every age of the world have devoted their time and talents to the study of this department of nature, and no names can be more appropriate.

Accordingly, botanists in all ages have eagerly courted this honer, and have closely watched its desecration by withholding it from all who did not richly deserve it. During the Augustan age of Napoleon French botanists were anxious to honor their imperial master in this manner, and therefore named after Napoleon a splendid genus of plants brought from Egypt. To

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this name their brethren in other portions of the world objected, because the Emperor of France, however eminent as a legislator or as a general, was no botanist. The name, therefore, was annulled and no other given to the genus. Thus may the humblest votary of nature arrive at an honor which was denied the conqueror of nations. Names of genera derived from the source now under consideration are rendered more euphonious by terminating the name of the individual in *a* or *ai*, and though to the unpracticed ear some of these may sound inharmonious, yet by use we become accustomed to them.

A few of the oldest we will mention: Hippocratea, from Hippocrates, the father of medicine; dioscorea, from Dioscorides the celebrated Greek physician and botanist; monarda, from Monardes, a Spanish physician much devoted to the study of plants; lobella, from l'Obel, a French author of a history of plants; gerardia, from Gerard, a celebrated herbalist and apothecary of England; robina, from Robin, a Frenchman among the first who visited America and introduced our black locust into Europe; magnolia, from Magnol, Professor of Botany at Montpelier, France; kalmia, from Kalmo, Professor of Botany at Abo, in Finland, and author of "Travels in North America"; kuhnia, from the late Dr. Kuhn, of Philadelphia, the only American pupil of the great Linnæus; linnæa, from the father of botany, and is destined to perpetuate his name throughout the world even when the remembrance of his labors shall have passed away.

Abstracts.

Spontaneous Rupture of the Umbilicus in Ascites.

At a meeting of the Medical Society of the Hospitals MM. Pierre Merklen and Gougelet related the history of a female patient suffering from ascites. During twenty-one months twenty-five punctures had been made. The site of an old umbilical hernia was progressively distended, and, an eschar produced at this point having fallen, a small fistula was left, through which the fluid evacuated itself in two hours, escaping in a jet like that of urine. On the next day the woman presented peritoneal symptoms, and some days afterward she perished.—Le Bulletin Médical.

Chlorosis with Optic Neuritis.

Dr. Engelhardt has described the case of a young woman, 18 years of age, who had presented on different occasions during five years the symptoms of anæmia. She was much debilitated, easily fatigued, had headache, etc. Six months before her entrance into the hospital the headache became insupportable, and her sight failed very rapidly, so that in a few weeks she was almost completely blind. Ophthalmic examination revealed the presence of an optic neuritis with a strangulated papilla, very narrow arteries, and sinuous veins, together with numerous brilliant white spots due to exudation around the papilla.

At the time of admission the general condition seemed good, although the cheeks and mucous membranes were extremely pale. The sense of smell was totally abolished; the other organs of sense were perfectly able to perform their functions. General sensibility was unaffected. There was slightly-diminished movement in the right arm, and the patient often complained of formication in the fingers. The patellar reflex was weak upon the left and absent upon the right side. The blood contained only 3,000,000 red globules to the cubic millimetre, and the proportion of hæmoglobin did not exceed 50 per cent. From the symptoms a diagnosis of cerebral tumor seemed justified.

At the end of three months this young girl was seized for the first time by epileptiform attacks, which were subsequently often repeated. There was furthermore

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noted paresis of the rectus internus of the left eye and the muscles animated by the right facial nerve, while at the same time the right arm became almost powerless. General sensibility was abolished upon the right side. There remained but a slight vestige of sensibility to pain. The motility of the lower limbs was intact. The patellar reflex was feebler upon the right than the left side.

The condition of the patient gradually grew worse, interrupted by short periods of improvement. The optic neuritis ended at length in complete atrophy of the optic nerves. The right leg was attacked, and was slowly, but entirely, paralyzed. The patient, who, when she arrived, had been excessively weak in consequence of persistent anorexia, succumbed about a year after her entrance into the hospital. Her last days were marked by intense excitement, during which she tried to leave her bed. It was remarked at this time that the limbs of the right side, which had been previously paralyzed, were as active as those of the opposite side. The development of the different disturbances had only served to confirm the diagnosis of cerebral tumor. At the autopsy, however, no tumor was found nor was there any appreciable lesion of the eye upon macroscopical observation. The only alteration was extreme anæmia of the cerebral substance. All the organs were normal.

In consequence of the negative aspect of the autopsy the case was decided to be one of chlorosis complicated by optic neuritis and cerebral accidents. There are in the literature a certain number of cases, published especially in England, which surely establish the relationship which occasionally exists between optic neuritis and chlorosis. The latter disease satisfactorily explains also certain symptoms of the present case, as the headache, vertigo, general debility, and lack of appetite, but is insufficient to account for the hemiplegia, hemianæsthesia, convulsions, and loss of the sense of smell. Engelhardt seeks the cause of these disorders in a functional neurosis resulting from the exaggerated irritability of the central nervous system in consequence of the pronounced anæmia of the brain, which was discovered at the autopsy. —La Tribune Médicale.

Scleroderma with Periarthritis.

At a meeting of the Medical Society of the Hospitals M. Hirtz exhibited a patient afflicted with scleroderma of the thigh and arms. There was also periarthritis of the coxo-femoral articulation demonstrated by the radiograph. The association is unusual, for, as a rule, if there is any articular involvement it affects the smaller joints.—La Tribune Médicale.

Circulatory Disorders at the Beginning of Syphilis.

From an examination of two hundred and eighty-eight syphilitic patients Dr. Grassmann arrives at the following conclusions:—

In secondary syphilis there is cardiac disturbance in 75 per cent. of the cases. In certain instances this is manifested by actual cardiac insufficiency. Nearly always when patients complain of subjective trouble objective disorder is found by which it is explained.

In 85 per cent. of the cases there is alteration of the pulse. The action is sometimes accelerated and sometimes retarded. As regards the heart, in addition to those symptoms designated as nervous there are also genuine neuroses characterized by brachycardia, tachycardia, and angina pectoris. The frequency of lesion of the myocardium finds its expression in the large proportion (40 per cent.) of accidental murmurs, palpitations, and more or less accentuated evidence of cardiac insufficiency, with dilatation of the heart, rarely of both auricles, exceptionally of the left ventricle. The most frequently observed is mitral insufficiency, which generally disappears under the influence of specific treatment, as do

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likewise the other disorders already mentioned.

In some very rare cases there are signs of veritable acute endocarditis developing under the influence of the syphilitic virus. Very rare also are exacerbations of old chronic endocarditis. In one case only there was seen dry pericarditis.

Arterial pressure is, in the enormous majority of cases, diminished, and this decrease is evidence of enfeeblement of the left side of the heart in the same manner that the frequency of dilatations indicates weakness of the right heart.

In nearly all the patients there was observed, at the beginning of syphilis, a lessened proportion of hæmoglobin in the blood. With the institution of specific treatment the quantity of hæmoglobin at first augments, but afterward generally undergoes a new decrease.

In the absence of other etiological factors all these circulatory disorders, which, as has been said, yield to specific treatment, are, according to the author, produced by the syphilitic infection.—La Tribune Médicale.

Hysterical Pseudomeningitis.

At a meeting of the Medical Society of the Hospitals M. Simonin related the case of a man, 22 years of age, who presented for forty-eight hours the classical signs of meningitis without elevation of temperature. Subsequently an assemblage of hysterical stigmata was witnessed. There were bilateral external ophthalmoplegia with integrity of the levator palpebræ superioris; macropsia; monocular polyopia; incomplete lateral homonymous hemianopsia; right glosso-labial hemispasm, simulating left facial paralysis; hemihypo-æsthesia of the right side; hemihyperæsthesia of the right side; multiple spasmogenic zones; loss of memory, and defect of will.

This person had, three years previously, had a lethargic attack which lasted three days. Each of these manifestations was preceded by a special aura consisting of a sudden and temporary amaurosis. The father of the patient had long been subject to hysterical convulsions. The cause of the neurosis in the son was acute intoxication by aniline dyes in association with moral contrarieties. Examination of the encephalo-rachidian fluid annulled the theory of meningeal lesion.—La Tribune Médicale.

Lupus of the Larynx.

In a thesis upon the above subject Dr. Durano says that, according to published statistics, lupus of the larynx occurs in the proportion of 9 per cent. It is more frequent among adults. It is met with especially among women. Its beginning is generally insidious. It often exists unperceived, for it neither causes pain nor, in most cases, alteration of the voice. In the majority of cases it is confined to the subglottic region, leaving the vocal cords intact. Nevertheless, the patient may have hoarseness and even complete aphonia when the cords are attacked and ulcerated.

Upon laryngological examination there is found a general paleness of the organ, which contrasts in secondary lupus with the deeper color of the adjacent parts. Upon the thickened and infiltrated mucous membrane there are sometimes superficial erosions and in other instances ulcers with a grayish and sprouting base and thickened borders.

The epiglottis is especially attacked in laryngeal lupus. It often shows large loss of surface. The vocal cords may be red and swollen, presenting outgrowths and ulcers. They may be attacked by paresis and even paralysis.

Primary lupus of the larynx is very rare. Its symptoms are identical with those of secondary involvement.

As in all forms of tuberculosis, the prognosis of laryngeal lupus is grave. The function of the affected organ may be seriously impaired. Furthermore, laryngeal stenosis with all its consequences may be produced.

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The disease generally develops slowly, and its duration may be very long.

It is always advisable to examine all the mucous membranes in the subjects of lupus. It will assist in differentiating the disease from other affections of the larynx with which it might possibly be confounded.

Tuberculosis of the larynx invades particularly the arytenoid region, the ventricular bands, and vocal cords. The voice is oftener altered than in lupus. There is often dysphagia, and the general system is seriously implicated.

The differential diagnosis between laryngeal lupus and tertiary syphilis is more difficult, for both affections have almost the same location, the same tendency to evolve slowly and insidiously, destroying the tissues. In doubtful cases specific treatment will decide the question.

It is necessary to keep in mind the hybrid cases or those of mixed infection.

Lupus is more easily diagnosticated from cancer of the larynx. By laryngological examination various lesions are perceived according as the form is encephaloid or epitheliomatous. Moreover, the fœtid breath, the involved glands, the age of the patient, and the cachexia should prevent error.

In the constitutional treatment of lupus of the larynx the author recommends tannin. As regards local measures he advises intralaryngeal applications of iodized glycerin, a 1 to 20 solution of silver nitrate, a solution of chloride of zinc of the same strength, a 50-per-cent. solution of lactic acid, or camphorated naphthol 5 to 10.—Revue Hebdomadaire de Laryngologie, etc.

The Differential Diagnosis of Chancre of the Buccal Mucous Membrane.

Dr. Glatzel writes that there are cases in which the physician should be able to detect the early presence of indurated chancre of the mucous membrane of the mouth without waiting for the outbreaks of secondary accidents. It is when the patient seeks advice rather late, when the secondary manifestations are already receding, and may escape observation, and the chancre itself is disguised by mixed secondary infections, of which the buccal cavities offer so many examples, that it may simulate an entirely different disease. On the other hand, it is always well to be able to exclude a non-syphilitic affection while waiting for the advent of secondary symptoms. The diagnosis sometimes presents serious difficulties, which, in certain cases, are further increased by the unusual seat of the lesion. Thus, chancre of the mucous membrane of the cheeks is extremely rare, and is named but once in cases of buccal chancre collected by M. Fournier.* In the presence of an ulcer occupying the mucous membrane of the cheeks the physician is embarrassed and may at first be tempted to attribute to it a nature altogether distinct from syphilis.

The data furnished by the patient are generally of no value, especially as in many cases the infection is extragenital. It is therefore exclusively by means of the objective signs that one can or one should arrive at the diagnosis. The first of these signs is the aspect and nature of the ulcer. M. Fournier distinguishes two forms of indurated chancre of the mucous membrane of the cheeks: (1) a superficial ulcer of round or oval form, red or opaline color, continuous with the healthy surrounding tissue, with a parchment base; (2) the deep ulcer, which divides the corium to a certain depth; this ulcerating chancre is usually rather large. Its average size is about that of the thumb-nail, its outline that of a capsule. Its borders are raised, and its sides slope gently down to the bottom of the lesion. Its base is smooth, generally of a deep-red color, sometimes multicolored; that is, the red basis is studded with spots of grayish, yellowish-gray, or deep-brown color. It possesses notable hardness. That which, above all, however, characterizes chancre of the cheek, whatever may be its form, is its rapid, almost acute, development, and the glandular enlargement, often

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very painful, which follows almost immediately the appearance of the chancre. Notwithstanding all these signs, buccal chancre may sometimes be confounded with ulcers of different nature. The affections for which it is most often mistaken are: (1) buccal herpes; (2) tuberculous ulcers; (3) secondary or tertiary syphilitic lesions; (4) ulcers produced by carious teeth. The ephemeral character of herpetic eruptions, their polycyclical contour, the absence of hardened base and glandular engorgement, and finally the presence of unbroken vesicles are all signs which permit us easily to distinguish between the two diseases.

The principal features which differentiate a tuberculous ulcer from a hard chancre of the buccal mucous membrane are: (*a*) the multiplicity of the ulcers (the chancre is always single); (*b*) the presence, around the ulcer, of yellow or whitish-gray miliary nodules; (*c*) the presence of tuberculosis bacilli in the secretion at the base of the ulcer; (*d*) the much more tardy advent of the ganglionic engorgement (that due to chancre attains within a few days the dimensions which tuberculous ulcers only cause after several months).

The multiplicity of secondary manifestations (mucous patches) and the almost simultaneous appearance of an exanthem allow the chancre to be recognized without difficulty.

Tertiary syphilitic ulcers sometimes exhibit striking analogies to chancre of the mouth, especially in the ulcerated form. The co-existence of other tertiary manifestations, however, the much less pronounced degree of the glandular enlargement, and, finally, the mere aspect of the tertiary ulcer, with its perpendicular edges and dry base, generally suffice to establish the diagnosis.

Ulcers caused by carious teeth are always found in the immediate vicinity of those teeth, and their diagnosis seldom presents any difficulty. — Revue Hebdomadaire de Laryngologie, etc.

Syphilis of the Pharynx.

Dr. Ch. Lenhardt, of Havre, reports several cases which are of interest by reason of the peculiarities which they exhibit, the unusual course, and difficulty of diagnosis, depending especially upon the seat of the lesions.

The first case is that of a patient attacked by late secondary syphilides of the nasopharynx. The initial lesion dated back five or six years. There were mucous patches at the posterior part and around the entrance to the Eustachian tube, above Rosenmueller's fossette, and on the roof of the mouth. These patches were removed in fifteen days by cauterizations of silver nitrate, 1 to 5.

The second case was one of precocious ulcerated syphilides in a young soldier suffering from a slight, but persistent, trouble in swallowing. The aspect of the pharynx was as follows: Upon a surface of nearly a centimetre (about one-third of an inch) the arcade formed by the anterior pillars and veil of the palate was covered with a yellowish border of irregular surface. The remainder of the mucous membrane was of normal tint except for a border of purplish-red color. When the false membrane was removed, superficial ulceration was exposed. The uvula was indented as if eaten by an acid. Specific treatment produced recovery in about a month.

Another patient had an ulcerated retropharyngeal gumma.

He describes also the case of a woman attacked by deafness. She had buzzing in both ears, had trouble in blowing the nose, expectorated with hawking efforts, etc. Upon examination a very thick bridle, of a pale-red color, was seen upon the posterior wall of the pharynx uniting the inner borders of both posterior pillars and ascending behind the velum palati. It was a case of vicious cicatrix which had sustained loss of substance consecutive to the suppuration of a gumma. The bridle was incised by the galvanocautery, from above downward, in

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the median line, and potassium iodide was given. Recovery was rather rapid.

In closing, the author reports a case of hereditary syphilis of the nose and the palatine vault which he had witnessed in a boy of twelve years, rapidly cured by specific treatment.—Revue Hebdomadaire de Laryngologie, etc.

Malignant Forms of Pseudomembranous Rhinitis.

In a paper upon this subject Dr. Chauveau says that, if pseudomembranous rhinitis is generally due to the bacillus of Loeffler, it is nevertheless a well-established fact that other microbes, either individually or in association, may give rise to the same affection. These are staphylococci, streptococci, and pneumococci.

The disease has long been looked upon as benign. In general, the signs of the affection are: adherent false membranes, abundant hæmorrhages, and occlusion of the nostrils. There are no constitutional symptoms. But, by the side of these, much the more frequent, cases M. Chauveau has encountered some very serious examples. He mentions the case of a boy who, while in the full enjoyment of health, was attacked by pseudomembranous coryza of staphylococcic origin. He perished in fifteen days from meningeal trouble.

Another case concerned a lad of 19 years, without antecedents, and healthy, who had suffered for a few days from lack of appetite, lassitude, fever, etc. At the same time there were a stoppage in the nose and a discharge which was sometimes bloody. The nasal passages were obstructed by false membranes. The patient succumbed several days later to infectious endocarditis without its having been possible to make a bacteriological examination.

In addition to these instances M. Chauveau has observed several others of less violent attack and less fatal termination, but which nevertheless considerably impaired the general condition and exhibited a remarkable tenacity.

These cases indicate, according to the author, that a rather prominent position should be given to the nasal fossæ among the etiological factors of general intoxication or septicæmia. In the case cited above of death from meningitis the staphylococcus was associated with the pneumococcus. —Revue Hebdomadaire de Laryngologie, etc.

Therapeutic Notes.

Sulphur Cream.

George T. Jackson has had made by his druggist an elegant sulphur ointment which he uses extensively in the treatment of dandruff. Its formula is:—

℞ White wax, ʒiiiss.
Oleum petrolati, ʒiiss.
Rose-water, ʒj.
Biborate of soda, gr. xv.
Sulphur, precipitated, ʒiiiss.

This is an elegant, smooth, white preparation without sulphur odor. It keeps perfectly, does not separate, and is as perfect as an ointment can be made.—Medical Standard.

Suprarenal-Gland Extract in the Epistaxis of Hæmophilia.

D. McKenzie reports the case of a boy, 13 years old, with a clear personal and hereditary history of the hæmorrhagic diathesis, who suffered from nose-bleed on and off for ten days. No bleeding-point was found. Plugging stopped the hæmorrhage, but it began again as soon as the plug was removed. Pallor and weakness became marked. A purulent discharge, from the constant presence of the foreign body, was very annoying. Finally a solution of suprarenal extract (15 grains to the ounce of water) was applied by means of a cotton-wool tampon loosely inserted into

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the nostril. Violent sneezing accompanied the application of the remedy, but the hæmorrhage was checked at once and permanently.—Archives of Pediatrics.

Suprarenal Extract as an Ecbolic and Cardiac Stimulant.

The outcome of some researches carried on at Edinburgh into the physiological action of the suprarenal gland is to show that it excites uterine contraction in a very marked degree whether the uterus be gravid or not, its action being much more powerful than the agents generally employed with that object in view. As the active principle of the gland is not decomposed by the gastric juice it can be administered by the mouth; nevertheless, when resorted to for the purpose of checking post-partum hæmorrhage, it is recommended to inject it directly into the uterine cavity, so that it may exert its constricting effect on the uterine arterioles in addition to setting up muscular contraction. For this purpose an ounce of dried gland-substance is infused in a pint of water, and to this liquid, after boiling, are added 2 ounces of chloride of calcium. This is injected as hot as can be borne. We have already referred to the remarkable tonic action of the gland on the heart.

Treatment of Acne Rosacea by Suprarenal Extract.

Acne rosacea is a very disfiguring affection of the face, which, under ordinary circumstances, is very refractory to treatment. The first step in the treatment must, of course, be to remove the exciting causes, whatever they may be. In this connection the administration of intestinal antiseptics and digestives is, of course, indicated, but even the most patient treatment but too often fails to bring about the disappearance of the chronically-dilated blood-vessels. It is for this purpose that Dr. Munro, of Sydney, has employed suprarenal extract as a topical and as an internal remedy. The application of the extract to the affected area of skin for the first time determines slight transient hyperæmia, which is succeeded by pallor due to the contraction of the vessels, but the hyperæmia is not usually observed after subsequent applications. Permanent improvement was observed within six weeks of the treatment, the effects whereof are markedly enhanced by the simultaneous internal administration of the extract, in doses commencing with one 5-grain tabloid thrice daily gradually raised to six; the dose being reduced in the event of any unpleasant symptoms: giddiness or nausea. In cases of moderate severity the combined treatment, modified to suit the individual case, proved very satisfactory, but it was sometimes found necessary to eradicate the very enlarged vessels by the electro-cautery.—Cincinnati Lancet-Clinic.

Sodium Iodate in Muscular Rheumatism.

Dr. Otto has had excellent results from the injection of 0.05 to 0.1 cubic centimetre of a 5-per-cent. solution of sodium iodate, followed by massage and hot applications, in both chronic and acute muscular rheumatism. The solution should be freshly prepared. — New York Medical Journal.

Extractum Hippocastani Fluidum.

Dr. B. Schürmayer has used the fluid extract of horse-chestnut in a series of cases of rheumatism, neuralgia, and other painful affections of the skin with good results. The fluid extract was rubbed in the affected parts either undiluted, or diluted with water or chloroform, or in the form of a plaster. Even the undiluted extract produced no irritation of the skin, nor were there any toxic manifestations after its use for weeks in the undiluted state. Used as a gargle in 1- or 2-per-cent. solution, no symptoms of irritation were noticed.—Merck's Archives.

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Menorrhagia.

Chloride of calcium has been recommended recently as a treatment of excessive menstrual flow, and the following formula has been indicated:—

℞ Chloride of calcium, 9 grammes.
Syrup of sugar, 60 grammes.
Water, 180 grammes.

M. Sig.: Two large spoonfuls daily.

This should be taken a whole week before the period expected. Chloride of calcium should not be given, however, when renal lesions are found.—Paris Letter to Therapeutic Gazette.

Intestinal Tuberculosis in Infants.

The Gazette Hebdomadaire de Médecine et de Chirurgie cites the following from Nouveaux Remèdes:—

℞ Silver nitrate, $^{15}/_{100}$ grain.
Powdered starch,
Powdered marshmallow, of each, $^{30}/_{100}$ grain.

M. For one pilule.

One pilule to be taken daily for three consecutive days after the administration of a light saline aperient. If the diarrhœa does not cease, the dose should be raised to two, or even three, pilules daily during two consecutive days.

This treatment is suitable for children from five to ten years of age. For young infants the following draught is recommended:—

℞ Silver nitrate, $^{15}/_{100}$ grain.
Raspberry-syrup,
Distilled water, of each, 750 minims.

M. From a few coffeespoonfuls to the entire draught, according to age.—New York Medical Journal.

Balanitis.

The Riforma Medica recommends bathing the glans with a 4 to 140 solution of potassium chlorate in distilled water, and then dusting it with a mixture of equal parts of tannin and starch.—The Prescription.

A Sedative in Tuberculous Meningitis.

The Journal de Médecine de Paris ascribes to Malba the following prescription to combat the agitation, the cries, and convulsions in tuberculous meningitis. It should be given in coffeespoonful doses every half-hour until quiet is obtained:—

℞ Strontium bromide, 15 grains.
Chloral-hydrate, $7\,^1/_2$ grains.
Syrup of valerian, 300 minims.
Syrup of mint, 900 minims.—M.
—New York Medical Journal.

Internal Hæmorrhoids.

Anderson's formula is:—

℞ Hydrastin, 1.
Pulv. alum, 1.
Cocaine mur., 0.5.
Butyr. cocæ, q. s.

M. et ft. rectal suppos. No. xij.

Sig.: Insert one into the rectum every night. In bad cases it is often advisable to have the patient insert one night and morning.—American Journal of Surgery and Gynecology.

Zinc Chloride for Hydrocele.

M. Blanc recommends a 10-per-cent. solution of zinc chloride for the cure of hydrocele. One to four Pravaz syringefuls of the fluid are withdrawn from the tumor and from one-quarter to one syringeful of the 10-per-cent. solution of zinc chloride is injected through the same needle, which has been left in place. The injection should be made drop by drop, the needle in the meantime being moved about and manipulation of the tumor conducted so as to favor the mixture of the injected fluid with that remaining in the sac. This procedure is painless, not even requiring local anæsthesia, and is free from danger of syncope or convulsion. The reaction is

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so slight that rest in bed is unnecessary, but it is thought that a day or two of quiet following operation is advisable. Absorption of the fluid takes place, the tumor promptly subsides, and complete disappearance follows in about ten days.—New England Medical Monthly.

Liniment for Sprains.

℞ Ol. terebinthinæ, 60.
Acidi acetici, 60.
Ol. lavendulæ, 5.
Vitelli ovi, 500.
Aq., q. s. ad 500.

M. Sig.: Apply two or three times daily.—American Journal of Surgery and Gynecology.

Intestinal Antiseptic.

As an intestinal antiseptic in typhoid fever, the following has been recommended:—

℞ Acidi thymici,
Guaiacol carbonatis,
Saponis (medicinalis), of each, 3iss.

M. et ft. pil. No. xxx.

Sig.: One pill every four hours.—Journal of the American Medical Association.

Pulmonary Tuberculosis.

In the course of a paper on home treatment in the New York Medical Journal Dr. Leonard Weber, of New York, says:—

"In the early stages, and at all times, I have found it of great moment to keep down high temperature, and thereby save the patient's strength and body-weight. Quinine I have not found as serviceable here as the compound coal-tar remedies. For ten years at least the following formula has been in use in my practice:—

"℞ Acetanilid, 1 grain.
Phenacetin, 3 grains.
Antipyrin, 3 grains.

"M. et ft. pulv.

"Such powder to be given when the temperature goes above 101° F. It has been gratifying to notice the prompt action of this compound in the quantity stated—and even less in some cases—in reducing temperature without depressing effects."

Local Anæsthesia in the Ear.

To relieve the pain of free incision of the membrana tympani Dr. Homer Dupuy, of New Orleans, La., highly recommends in the Laryngoscope the following solution, originated by Dr. Albert Gray, of England: Cocaine, 5 to 10 parts; absolute alcohol, 50 parts; anilin oil, 50 parts. This will penetrate the drum-head so rapidly and so thoroughly that complete anæsthesia is produced in a few moments.

Paralysis Agitans.

M. Bourneville prescribes:—

℞ Fowler's solution, 150 minims.
Distilled water,
Neutral glycerin, of each, 75 minims.

M. One cubic centimetre (about 16 minims) for a hypodermic injection.—New York Medical Journal.

Rheumatism.

Dr. M. G. Price, of Mosheim, Tenn., recommends the following in the Medical Summary:—

℞ Colchicine, $^1/_{134}$ grain.
Sodium arsen., $^1/_{67}$ grain.
Lithium benz., $^1/_8$ grain.

This will not disappoint if given to free catharsis.

Tannin and Bromine for Pruritus.

Joseph finds that a salve containing bromine and tannin has a markedly beneficial effect in all forms of pruritus. Bromine acts as an anæsthetic and tannin as an astringent. He uses bromocall, which consists of about 20 per cent. bromine and 40 per cent. tannin. The salve has considerable healing power. Its action is increased

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by the alkaline secretions of the skin, without, however, producing any irritation. He uses as a base a 10- to 30-per-cent. jelly. In lichen, urticaria, and cutaneous neuroses it has proved especially efficacious. —Medical Standard.

For Coryza.

The Revue Médicale de Normandie cites the following from the Annales de Pharmacie, of Milan:—

℞ Powdered menthol, 3 3/4 grains.
Powdered betol, 37 1/2 grains.
Cocaine, 7 1/2 grains.
Powdered roasted coffee, 60 grains.

M. To be used as a snuff.—New York Medical Journal.

Constipation.

Sir James Sawyer prescribes the following:—

℞ Aloes Soc., gr. i-iij.
Ferri sulph., gr. 1/4.
Ext. hyoscyami, gr. j.

M. et ft. pil. No. j.

Sig.: At bed-time when necessary.

The quantity requires readjustment, generally a reduction.

The Influence of Typhoid Fever on the Course of Pre-existent Epilepsy.

Louis Lenoir refers to a commonly prevalent view that epileptic attacks are lessened or ameliorated by an intercurrent disease, such as typhoid fever. Hippocrates had stated ("De Morbo Sacro") that intermittent fever replaced or mitigated epilepsy at least temporarily, whence the adage: "Quartana epilepsiæ vindex appellatur," and this view was also upheld by Van Swieten and Esquirol, the latter of whom said that epileptic attacks diminished, and even ceased entirely, upon the intercurrence of febrile attacks (*accidents fébriles*). This was confirmed by Féré, Lannois, and Voisin; but a certain element of doubt still persisted, which led Lenoir to investigate somewhat minutely a number of cases of epilepsy with intercurrent typhoid fever. Two cases in particular were very exhaustively watched and studied; one a girl of 14 years of age, the subject of epileptic fits since the age of 10 years, and the other a girl of 13 years who had fits for an unknown period. Lenoir concludes that while epileptic convulsions proper are diminished, epileptic vertiginous attacks are increased by typhoid fever, attacks of the latter class being regarded as "attenuated fits." If therefore all attacks, convulsive and vertiginous, are added together, the average number per week or month is slightly increased by typhoid fever. The older view thus requires modification. He also points out that in association with such vertiginous attacks there occur slight, but brusque, elevations of temperature. As regards treatment proposed by some,—namely: the injection of cantharides (P. Marie in 1892) or of soluble toxins of staphylococci (Lannois in 1892),—he finds the application of cold sponging or immersion the best, both for the general pyrexia and for the brusque elevations of temperature due to convulsive or vertiginous attacks. — British Medical Journal.

Tape-worm.

An editorial in the Georgia Journal of Medicine and Surgery gives the following as a successful formula:—

℞ Oleoresinæ aspidii, 3ij.
Chloroformii, 3ij.
Oleo tiglii, gtt. vj.
Glycerini, 3ij.

M. Sig.: After fasting all night take no breakfast. At 8 A.M. half the contents of bottle. Wait two hours and take balance. Follow in one hour with large dose of castor-oil, and this will usually bring away the parasite complete.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
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AN IMPORTANT FEATURE OF SUCCESS IN PRACTICE.

"An honest man's the noblest work of God." The applicability of this saying is universal. In whatever sphere one may labor, be it high or low, on sea or on land, in mechanical occupations, commercial pursuits, or in professional callings one can never follow any better rule than to tell the truth and do one's duty. Every occupation has its special duties. Each is beset with its peculiar difficulties. It has often seemed to medical men that the most troublesome problems with which we have to deal relate less to the scientific side of medicine or to matters in actual and direct relationship to the art than to those numerous matters which have but an incidental connection with practice. The well-instructed and studious physician must have much adaptation for various matters, must possess genuine executive ability in order to achieve complete success. Our highest aim must ever be the welfare of our patients. To secure that welfare we must be able to make employment of all the agencies capable of exerting a beneficial influence. It is but a narrow and routine conception of a physician's duty which limits him to the diagnosis of a disease and the prescription of drugs.

Nevertheless, these points relate to the very foundation of the physician's work. An imperfect diagnosis leaves a practitioner at sea without a compass. Rational treatment is the grand goal of practice.

In vain, however, shall the competent and conscientious physician frame the most correct diagnosis, in vain shall he most intelligently prescribe the indicated remedies, those which, according to the best of our knowledge and experience will benefit the patient, if his efforts are nullified by the fault of an intermediary.

We have it now on our mind to call attention to a very essential element of success and one which is, perhaps, too much neglected. It is to be feared that we are too apt to take it for granted that our present duty to our patient is finished when we have discovered the nature of his ailment and ordered measures by which it will be relieved. The duty of to-morrow will require us to watch the progress of the disease and the effects of our remedies.

At this point we are assailed by an ugly doubt. Do our patients always receive the drugs or preparations which have been ordered? Do they always obtain the intended and possible benefit? These questions answer themselves, and at once the sinister features of substitution are exposed.

Substitution can be condemned in brief words as deviation from truth. We are early taught to recognize sins of omission as well as of commission. The sin of commission is the druggist's who tampers with a physician's orders. The sin of omission will be the doctor's who does not know how to protect his patient and himself from an injurious practice. Those who are in a position to know assert that the evil of substitution is far more widely spread than is generally realized, and are convinced, moreover, that the wrong is really on the increase. A prescription is but the written direction to the druggist concerning medicines, and, therefore, closely corresponds to the verbal order given the nurse concerning diet and other details of her useful art. If we cannot tolerate a disobedient or unreliable nurse, how shall we pardon a druggist who is guilty of the same misdemeanors? We are not justified in merely issuing our orders. We must see that they are obeyed.

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The physician is the supreme earthly arbiter in the sick-chamber. His duties and responsibilities cannot be delegated. As long as he is in command, he must be the absolute master. He dare acknowledge no divided sovereignty.

It is a logical deduction from these reflections that he who substitutes other drugs or preparations for those distinctly named by the medical attendant is an untrustworthy individual who deserves exposure and punishment. We deal with the solemn issues of life and death. Our patients and our patient's families repose the utmost confidence in our knowledge, ability, skill, discretion, and faithfulness. Can we supinely see that trust destroyed by the sly tricks of the substitutor? For aught the man behind the counter can tell his meddling may imperil a human life. The simple statement of such a contingency will arouse the most careless. Every practitioner should be alert on this subject in attention to the welfare of his patients and jealous guard of his hard-won reputation. Substitution is the hidden snake in the grass which will find the one vulnerable spot in the heel of Achilles.

To what does our argument lead as regards the attitude of the physician? It leads us to complete our duty to our patients and to ourselves by personal examination of all the preparations sent in response to our prescriptions. The physician should be armed *cap-a-pie* against the assaults of disease. He must tolerate no imperfection in his weapons of offense or armor of defense. Among his trusted weapons are drugs; but if drugs are impure, contaminated, useless from age, or if one drug is substituted for another, how shall he carry on his battle? He is doomed partially or wholly to fail. No man, however, should submit to failure which he has not caused.

In our warfare against disease we must familiarize ourselves thoroughly with every item of our armamentarium. If we, as medical men, make it a part of our daily duty to become thoroughly acquainted with the physical and chemical properties of the drugs and preparations which we order, the end of substitution is inevitably at hand. Fraudulent practice will not go long undetected if every physician satisfies himself upon every occasion that his prescriptions have been properly compounded. We should not depend upon a book knowledge of our remedies. We should know how they look, smell, taste, and act. Then, if the diagnosis be correct and the remedies have been judiciously chosen, we can know what to expect. If our anticipations are not realized our suspicion and search for substitution should be renewed. It is as certain as life or death themselves that the fame of the physician is intimately bound to the welfare of the patient. In the nature of things they cannot be dissevered. It is a most unfortunate fact that many a physician has been unjustly blamed for the fault of a substituting apothecary. Did he as a matter of habit scrutinize the preparations which are dispensed according to his orders, he would be abundantly repaid for his trouble. He will make himself the dread of the unscrupulous, and will reap the reward which comes to him who performs his duty courageously for the protection of those for whom he is responsible and in assertion of his own good reputation. It is the younger men who will suffer most, and we can but urge it upon them especially to adopt the habit of informing themselves as to the manner in which their prescriptions have been filled. Unprincipled druggists should be reported to the County Medical Societies and the members warned of their arts. Were such a course habitually followed we should soon see an end of the evil of which we complain. Guilt cannot flourish in the light of publicity. Druggists who substitute would be left without a business if such a method were adopted. The substitution of drugs and the adulteration of edibles are two flagrant evils which we should aim to suppress.

This is a subject which is of great importance to sick people, physicians, honor-

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able druggists, and ethical manufacturers. Unscrupulous conduct in the drug business attacks the foundations of commercial integrity.

SATURNINE ENCEPHALOPATHY.

THE toxic influence of lead upon the higher nervous centres has long been recognized. It was shown by Professor Westphal, in his study of the subject, that the metal may affect both the cells and the blood-vessels of the cerebrum. He enumerated the different types by which its action upon the brain may be manifested. Among recent additions to the literature of this important subject we have been interested in the perusal of a clinical lecture delivered by Professor Hayem at the Hôpital Saint-Antoine, Paris. The patient was a man who was the victim of chronic plumbism. He was 44 years of age and by occupation an enameler of chinaware. His intellectual power had been so reduced that it was impossible to obtain from him an accurate history of his case. He appeared, however, to have enjoyed good health until about two years previously, when his sight began to fail; he suffered from vertigo, his speech was disordered, and he had delirium. Subsequently other manifestations occurred. He had never had lead colic or saturnine palsy. At the date of the lecture the man was almost completely blind; he could scarcely distinguish day from night; the pupils did not react to light. The ophthalmoscope showed that there was an albuminuric double neuroretinitis, with white spots and retinal hæmorrhages. The man's memory was much impaired. There was a difficulty in his speech. He was much emaciated and debilitated. He could scarcely sustain himself upon his limbs, but his gait, however painful, was normal. He kept his bed particularly on account of his blindness. In fine, there was no paralysis, but simply enfeeblement of the lower limbs. The muscles were flaccid, but not atrophied. The patellar reflex was greatly diminished. In the upper extremities there was neither tremor nor paralysis of the extensors. The tongue was furred and the teeth carious. The gums presented the well-known blue line. The mouth exhaled a fœtid odor. The patient had lost appetite and was constipated. The liver was enlarged. The second sound of the heart was accentuated, though the organ was not enlarged. The arterial tension was heightened, the arteries were somewhat indurated, and the temporals were sinuous. The patient suffered likewise from pulmonary emphysema with some chronic bronchitis. The urine contained albumin. There had been no dyspnœa, but he had had agitating dreams and attacks of acute delirium.

The effects of lead poisoning are numerous and varied. They may, in fact, implicate all the viscera. The presence of albumin proved the existence in this patient of nephritis. This is generally due, according to the researches of Gombault, Charcot, Cornil, and Brault, to a primary epithelial degeneration leading to contracted kidney. The question then arises whether the nervous manifestations are of uræmic origin. The fact that, curiously enough, the patient had never had lead colic or wrist-drop is presumptive evidence against profound saturation of the economy dependent upon nephritis of long duration: necessary conditions of uræmia in such cases.

The moderate enlargement of the liver is habitual in the victims of plumbism. This is the first phase of a process which passes on to atrophy.

The blindness was due to saturnine or albuminuric retinitis. It is difficult to refer the nervous symptoms to a recognized type. Of all the intoxications, that of lead is the richest in neuropathic manifestations. The case described obviously differed from saturnine hysteria and paralysis. In all the cases of lead encephalopathy albuminuria has been present. Nevertheless, if uræmia takes any part in the production of the cerebral symptoms it is rather, said Professor Hayem, that of a predisposing than

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an exciting cause. Furthermore, in a considerable number of cases the cerebral symptoms have occurred at a period of lead poisoning when the disease of the kidneys had progressed but little, while uræmia in this class of patients is an ultimate expression of the nephritis. It belongs to the atrophic lesions of the kidney, and is accompanied by other signs of Bright's disease, such as enlarged heart, dyspnœa, etc. The patients have also often previously passed through a preliminary stage of saturnine gout.

The encephalopathy of lead is caused by the direct action of the metal upon the nervous centres. At the necropsy the brain exhibits the special characteristics of chronic œdema. It is pale, anæmic, hard, retaining the impress of the finger and resembling marshmallow paste. The cord is of similar appearance. These lesions are due to a deposit of the metal in the tissue.

In concluding his lecture the learned professor summed up as follows the case which had been studied: Chronic lead poisoning without colic, presenting dyspepsia, congestion of the liver, with cerebral symptoms of the intoxication and nephritis, ulterior uræmic accidents being threatened. As far as the case had progressed, the influence of the metal was sufficient to explain all its features.

Medical News and Miscellany.

Lehigh Valley Medical Association.—The twenty-fifth annual meeting was an interesting occasion. It was held at Mauch Chunk, and one of the entertainment features was a ride over the beautiful Switchback. The retiring president, Dr. A. A. Seem, of Bangor, Pa., delivered a thoughtful address upon "The Importance of True Diagnosis." Dr. Roswell Park, of Buffalo, N. Y., was present by invitation, and gave an admirable account of the evolution of the surgeon from the barber.

The Buffalo (N. Y.) Academy of Medicine.—The following officers were elected at the recent meeting of the Buffalo (N. Y.) Academy of Medicine: President, Dr. Charles G. Stockton; secretary, Dr. Francis W. McGuire; treasurer, Dr. Charles S. Jewett; trustee, Dr. M. D. Mann.

A Case of Poisoning by Male Fern.—W. Gotthilf was called to a patient who was supposed to have had an apoplectic attack. He was found comatose, the whole body in convulsion, with pronounced trismus, pulse rapid and barely perceptible. Camphor and morphine were given hypodermically, whereupon the patient soon recovered consciousness and a vascular lesion could be excluded, but it was only with a good deal of difficulty that the information was elicited that three days previously, on the advice of a quack, the patient had taken a large amount of a tape-worm remedy. This was found to be extract of male fern, and as the patient had omitted to follow it up with a cathartic, he had suffered a severe intoxication. Recovery was complete on the fourth day.—Medical Record.

"Chlorine Acne": an Occupational Skin Disease.—Bettman describes at length a particularly severe type of acne occurring among the workmen in a large chemical works. The patients had all been engaged in cleaning a so-called "tower," usually filled with hydrochloric-acid gas, and while the exact nature of the agent causing the trouble could not be determined, it seemed likely that some combination was formed between the nascent chlorine-gas and the tar used to coat the tanks, which products could well be assumed to be volatile and highly poisonous. The intoxication must have taken place through inhalation, for even a foreman who did none of the actual work was affected. The manifestations of the disease are given in great detail, but, briefly, it may be said to consist in the development of very large and numerous pustules, with exaggerated comedo-formation and roughening and pigmentation of

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the skin. All parts of the body, including the hairy scalp, are affected, and while no secondary symptoms were noted, and the patients are not disabled, the lesion is serious in that it is intensely disfiguring and strongly resembles Darier's disease. Treatment is not encouraging, but the disease usually terminates in recovery after many months, and does not leave permanent traces.—Medical Record.

Ontario Medical Association. — The Ontario Medical Association, at its recent annual meeting at Toronto, elected the following officers for the ensuing year: President, Dr. N. A. Powell, of Toronto. Vice-Presidents, Drs. R. Ferguson, of London; R. W. Garrett, of Kingston; L. C. Prevost, of Ottawa; and J. L. Turnbull, of Clinton. General secretary, Dr. H. C. Parsons, of Toronto. Assistant secretary, Dr. George Elliott, of Toronto. Treasurer, Dr. A. R. Gordon, of Toronto.

Vegetarian Diet for the Masses.—Baelz gives the results of observations he has made on the Japanese, among whom the lower classes are almost entirely vegetarians. They are so, not from choice or principle, however, but from necessity, since whenever they are able they buy a little meat or fish, and regard it as a great luxury. Their main article of diet is not rice, as usually supposed, because this is too expensive, and is used mainly by the well-to-do, but barley and buckwheat and the soya-bean, which contains twice as much albumin as the best beef, and costs one-quarter as much, while in addition it contains 20 per cent. of fat. The fallacy of Voit's *dictum* that 120 grammes of albumin daily are necessary for an adult is shown, for, as evidenced by the habits of the Japanese for generations, it is 20 to 30 per cent. too high, while it is demonstrated that a race may live on an almost exclusively vegetable diet and yet be capable of vigorous and protracted labor. The prevailing type of metabolism investigation, in which purely arithmetical results of analysis of the income and outgo are made, is unreliable and does not give a true idea of the values of diets, etc., for different conditions may produce almost identical results in figures. The disposition of the individual and, therefore, his capacity for work may vary widely, and therefore the author proposes a new method of conducting such experiments, which shall include a study of this factor, and suggests the designation of "capacity balance" for its results.—Medical Record.

Resignation. — Dr. Charles E. Briddon, of New York, has resigned his position as attending surgeon to the Presbyterian Hospital after a service of twenty-four years.

Appointment. — Dr. L. Blake Baldwin has been appointed Professor of Clinical Dermatology in the College of Physicians and Surgeons of Chicago.

Charlotte Williams Hospital.—Mr. J. W. Middendorf, of Baltimore, Md., has contributed $10,000 to the Charlotte Williams Hospital, of Richmond, Va. The institution is a memorial to a deceased daughter of Mr. John L. Williams, of the latter place.

Dr. J. M. Crawford.—Dr. J. M. Crawford, ex-minister to Russia, has been created Doctor of Laws by the Ohio University at Athens, Ohio.

Glasgow University Honors Germans.—The University of Glasgow, on the occasion of its four hundred and fiftieth anniversary, conferred honorary degrees on Quincke, Mikulicz, and Kronecker, of Germany.

Professor von Leyden's Jubilee. — The twenty-fifth anniversary of Professor von Leyden's incumbency of the chair of medicine at Berlin was celebrated with much ceremony by his friends and pupils.

Legion of Honor. — Dr. Leopold Javal, the eminent ophthalmologist, has been appointed an officer of the Legion of Honor.

Dr. Lydston.—Dr. G. Frank Lydston has resigned his commission as surgeon and major in the National Guard of Illinois.

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Dr. Thomas R. Neilson.—Dr. Thomas R. Neilson has been elected Assistant Clinical Professor of Genito-Urinary Diseases at the University of Pennsylvania.

Condemnation of Improper Advertisements. — The Medico-legal Society of Philadelphia has adopted the following resolutions:—

WHEREAS, the advertising of abortionists and their drugs, as well as other disreputable secret medicines, has for years been a notorious disgrace to the newspaperdom of this city—an evil seemingly without redress, and

WHEREAS, the Philadelphia Times under its new ownership has declared for a high ethical plane, avoiding all sensationalism, while at the same time furnishing "all the news that is fit to print," excluding all medical and other questionable advertisements—so as to make it, indeed, a newspaper fit for the family circle, therefore be it

RESOLVED that the Medico-legal Society of Philadelphia highly approves of the advanced stand taken by the Times, and urges upon the medical profession generally its active support in aiding to carry out that journal's elevated ideals.

RESOLVED, further, that the medical periodicals of this city be requested to publish the foregoing in their next issues, and that, at the coming meeting of this organization, the secretary report as to which of these, by printing it, have assisted in furthering so desirable a public movement.

Alvarenga Prize.—The Alvarenga Prize of the College of Physicians of Philadelphia for this year has been awarded by the committee to Dr. George W. Crile, of Cleveland, Ohio, for his essay entitled: "An Experimental and Clinical Research Into Certain Problems Relating to Surgical Operations."

The Magazines.—*Scribner's Magazine.*—Scribner's Magazine for August is the annual fiction edition, and contains seven complete short stories, the beginning of a new serial, and special illustrated articles and poems. The color-printing is shown at its best in the exquisite work of Maxfield Parrish, who has found a very congenial subject in Quiller-Couch's story of the Cornish coast, which has to do with a classical legend. These drawings are the most remarkable in color which have yet been attempted. There is also a beautiful cover-design by Albert Herter, which it has taken ten printings to reproduce.

The leading fiction is a novelette by Richard Harding Davis, entitled: "A Derelict," which depicts the character of a brilliant, but erratic, newspaper correspondent, who writes the best story of the destruction of the Spanish fleet at Santiago. It is a thrilling narrative, and the illustrations by Walter Appleton Clark are the most effective yet achieved by this artist. Another sea-story by James B. Connolly, the new writer, is filled with that vigor of description and rapidity of movement which distinguishes all his work. This one describes a race between a Gloucester fishing-schooner and an Englishman's yacht from Iceland to Gloucester. It is fully illustrated by Burns, who is familiar with every detail of the fishing-fleet.

A Mississippi River story, entitled "The Memphis Packet," by Willis Gibson, reveals a charming character and an original situation, and is illustrated by F. C. Yohn.

What women's clubs meant to one woman is told by Octave Thanet in "The Object of the Federation": a story full of humor and sentiment, illustrated with drawings by Christy. Mrs. Isobel Strong tells the true story of "A Little Savage Gentleman," who was for a time a member of Stevenson's household. J. A. Mitchell, the author of "Amos Judd," begins a short serial to run through the fall months, entitled "The Pines of Lory." This is in the author's romantic and whimsical vein, and is a sort of up-to-date "Paul and Virginia."

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the scene being a promontory in the St. Lawrence River. "Zack," the popular young English writer, contributes a humorous story of Devonshire, entitled "Benjamin Parrot's Fancy."

Jesse Lynch Williams, who has written for Scribner's a number of articles about aspects of New York City, describes "Rural New York City," showing how one may go shooting and fishing; see Chinese farmers at work; visit a typical country store; and get lost in the woods, all within the city-limits. The illustrations for these unusual phases are by such artists as Child, Glackens, Shinn, and McCarter. An elaborate Breton poem by Florence Wilkinson is illustrated by Henry McCarter.

American Monthly Review of Reviews.— In the August edition Dr. Shaw discusses the great steel strike is its various aspects, and comments on many other matters of current interest at home and abroad. M. de Bloch's recent address at Paris on the lessons of the Boer War is reviewed, and its application to the military situation in the United States, as well as in Europe, is pointed out. It also contains an illustrated and statistical article on "The Recent Great Railway Combinations," by Mr. H. T. Newcomb, the editor of the Railway World. Mr. Newcomb is an expert writer on railroad topics and has had unusual opportunities for acquiring facts regarding the great systems recently amalgamated. Mr. John Graham Brooks contributes a brief estimate of the late John Fiske. There is an article on "Governor Taft and Our Philippine Policy," by Raymond Patterson. This writer gives an interesting account of Judge Taft's college-life, which brought out certain qualities that may be counted on as valuable assets in the make-up of the first civil governor of the Philippines. The personality of James E. Yeatman, the original of the "Mr. Brinsmade" of Winston Churchill's "Crisis," who has died recently at St. Louis, is briefly sketched.

Thomas O'Donnell, M.P., writes on the modern revival of Ireland's ancient national language and literature.

Entomologist Howard, of the United States Department of Agriculture, contributes a valuable article on "Mosquitoes as Transmitters of Disease." In the course of this article Dr. Howard describes the remarkable experiments conducted under the direction of the War Department by Dr. Reed in Cuba, which have demonstrated beyond question the part played by the mosquito in transmitting yellow-fever germs. "Cuba's Industrial Possibilities" are set forth in an illustrated article contributed by Mr. Albert G. Robinson, who has passed much time in Cuba and has familiarized himself with the agricultural and mineral resources of the island.

International Monthly. — The August number of the International Monthly contains several foreign contributions of unusual interest and power. M. Charles Seignobos, of Paris, one of the highest living authorities in history, brings before us, in a graphic review, the many divisions and complications of the "Political Parties in France." The various parties all unite, he declares, with the exception of the Socialists, in a considerable degree of hostility toward the English and the Germans and in a special fondness for the Russians, but for any one of them to pronounce openly for war would be to sign its own death-warrant. "The foreign politics of the mass of electors, peasants, and workingmen is contained in just one article,—peace, peace in any case—no war in Europe!" Professor Hans Prutz, of the University of Königsberg, discusses with an old-fashioned thoroughness and gravity the "Economic Development of Western Europe under the Influence of the Crusades"; and Professor August Forel, of Zürich, the celebrated neurologist and the author of the great monograph, "The Ants of Switzerland," brings all his learning to bear on the problem of "Human Perfectability." In the same issue Mr. Louis C. Elson, the well-

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known musical critic, writes on "Music in the Church." Professor Crowell portrays in his study of "American Primacy in Iron and Steel Production" the almost incalculable future of a giant industry. Prof. W. P. Trent contributes a sympathetic study of "Brander Matthews as a Dramatic Critic"; Mr. H. O. Taylor reviews Saintbury's "History of Criticism," and Mr. Russell Sturgis writes on "Recent Work on Greek and Imperial Roman Architecture."

McClure's Magazine.—When the mercury is striving not in vain to "break a record," one's thoughts naturally turn to a shady spot, swept by cool breezes, and to stories so fascinating as to cause the reader to forget the discomforts of the flesh. The stories must be original, must have variety, must be cleverly written, and must be absorbing in their interest. Every story in the midsummer fiction edition of McClure's fulfills these conditions.

The literary quality of the number is vouched for by such contributors as Henry Van Dyke, Norman Duncan, Josephine Dodge Daskam, Edwin Lefèvre, Clara Morris, George Hibbard, Henry Wallace Phillips, and Rudyard Kipling. There is a superb frontispiece by Howard Pyle, who has also contributed some wonderful pictures for Mr. Duncan's poetic story. Howard Chandler Christy has drawn one of his beautiful girls and a manly lover for Mr. Hibbard's summer romance. Charles S. Chapman has done full justice to Dr. Van Dyke's story; while W. R. Leigh has repeated his success in illustrating the Wall Street stories.

The Cosmopolitan. — The Cosmopolitan for August is rich in fiction, remarkable both for its vivid interest and its great variety. Irving Bacheller writes a refreshing story of the Canadian big-timber region. A. T. Quiller-Couch's ("Q.") pathetic little tale cannot fail to enlist our sympathies with the French exile who broke his parole for love. Richard le Gallienne tells the most charming and least-known of the quaint "Old French Romances"—the love of honest 'Squire Robin for the Fair Jehane. "The Temple of Fate," the late Grant Allen's clever satire on modern society, is certain not only to entertain the reader, but also to set him thinking. Francis Willing Wharton writes a pretty story of fashionable Newport society; while Phoebe Lyde and Egerton Castle handle strong subjects in a masterly manner.

When the Cosmopolitan, in its April issue, published an essay, at once clever and philosophic, on "The Ideal Wife," a demand was created for a paper on "The Ideal Husband" by the same author: Lavinia Hart. The August Cosmopolitan contains an essay on this subject which is certain not only to prove widely interesting, but to cause lively discussion. In the same number Mrs. Van Rensselaer Cruger (Julien Gordon) tells the story of the life of the French wife with all its tragic commonplace narrowness. If it is true that all the world loves a lover, then Edgar Saltus's clever, epigrammatic story of the princes who have relinquished thrones, position, wealth — everything — to marry the women they loved, should, indeed, be popular.

Two Clear Cases of Syphilis Without a Chancre. — Dr. Louis Jullien, surgeon to the Saint-Lazare, Paris, reports the following interesting case, remarkable for the sidelights it gives on various points touching the inoculability of syphilis. Dr. Jullien says:—

On June 9, 1899, a surgeon and his assistant operated on a woman for a presternal tuberculous tumor. After excising the tumor and scraping the base, they proceeded to insert the sutures. The needle did not work very well, and the surgeon, in endeavoring to withdraw it from the edges of the incision, ran it deeply into the end of his index finger. The needle being flat, with sharp edges, made a rather extensive wound, which bled freely. His

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assistant, in repeating the manœuvre, did exactly the same thing and wounded himself in the same place. On June 17th, on changing the dressings for the first time they noticed a slight ulceration with bright-red edges at the orifices of entry and exit of each suture. These appearances suggested the idea of syphilis, of which nothing in the patient's history had previously evidenced. On the following day she developed a generalized roseola, and on examining the genital organs they forthwith discovered a syphiloma in the region of the fourchette, undergoing cicatrization. The inguinal glands were enlarged.

On July 5th, twenty-six days after the inoculation, the surgeon was suddenly seized with fever, shivering, and a general feeling of discomfort, and kept his bed for twenty-four hours with a temperature of 39° C. (102.2° F.). At the same time the site of the puncture became painful, the end of the finger became swollen, and the scar of the puncture displayed a tendency to reopen with some trifling superficial ulceration. On the thirtieth day a roseolar eruption made its appearance. On July 16th the scrotum became covered with moist papules, and two days later plaques formed on the tongue. He then began to complain of arthralgia, which, throughout the month of July, rendered the loins and wrists painful. On the 26th we noted palmar papules, since which time the disease has followed its implacable course, though in a mild form.

The assistant displayed no sign of infection until the thirtieth day, but on July 9th he, too, was seized with fever. Nothing abnormal was at any time noticed at the site of inoculation, the scar whereof remained intact, and the roseola did not appear until the thirty-third day. The attack followed the usual course. Dr. Jullien lays special emphasis on these conclusions:

1. The blood of a syphilitic subject is infective, a fact with which Pellizzari had already acquainted us, but we did not know for certain the epoch at which it became infective. The present observations prove that the infectivity exists prior to the occurrence of the secondary symptoms, since the surgeon and his assistant were inoculated nine days before these made their appearance in the patient. Assuming an average period to have elapsed between the primary lesion and the secondary symptoms, the patient must have had her chancre some thirty days before.

2. In these two cases the inoculation accidentally took place into the blood itself, and the evolution of the disease skipped the stages which usually give time for a focus of infection to develop at the point of inoculation, giving rise to a syphiloma, thus impregnating the lymphatic system, which is always the first to suffer. Here the lymphatic period is done away with, the organism is taken by assault, without being enabled to avail itself of the glandular barriers, which are swept aside from the onset. As a matter of fact, our *confrères* sought in vain for evidence of glandular enlargement in the areas corresponding to their wounds. The glands only became perceptible at the period of efflorescence, concomitantly with the mucous manifestations, whence the early supervention of the constitutional manifestations.—New York Medical Journal.

Obituary.—*Dr. Moncorvo.*—The death of this well-known practitioner of Rio de Janeiro, and specialist in diseases of children, has been recently announced.

Dr. Milo Buell Ward.—Dr. Ward recently died at his home in Kansas City, Mo., aged 53, after an illness of thirty-two weeks. His health was broken by an attack of dysentery, which he contracted while in camp at Chickamauga, Tenn., during the Spanish-American War. At the outbreak of that war he was appointed chief surgeon of the Second Brigade, U. S. V., and at the end of the war was a member of the board inspecting the camps of volunteers. He was Professor of Clin-

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ical Gynæcology in the University Medical College, Kansas City.

Laryngological Society of Berlin.—Drs. Gouguenheim and Lermoyez, of Paris, have been elected corresponding members.

Brunettes More Susceptible than Blondes to Malaria.—It is a curious incidence that brunettes are known to be more prone to attacks of malaria than blondes. This has been frequently noted by practitioners of our Southern States, who are probably more conversant with malaria in its protean manifestations than any other class of medical men in the world. In explanation of this, some have offered the theory that brunettes are more frequently attacked by the *Plasmodium malariæ* than blondes because their blood offers to the rapacious parasite more "nourishment" than that of blondes, by virtue of the increased hæmoglobin of the blood. How far this theory agrees with fact it is difficult to state. No complete statistics are at hand on this subject as to whether the blood of brunettes really contains more hæmoglobin than that of blondes. We know, of course, that there is an excess of pigment-cells in the epithelial surface of brunettes over that of blondes, but whether this excess of pigmentation goes with excess of hæmoglobin has not yet been corroborated by scientific research. Until this research is at hand we must accept this observation of the preponderance of malarial infection in brunettes as a clinical fact, but without physiological explanation.—Inter-State Medical Journal.

Farewell to B. D. Woodward.—Upon the occasion of his leaving France, B. D. Woodward, Adjunct Commissioner-General of the United States to the French Exposition, was entertained by his associates in the commission. He had dwelt uninterruptedly in France for more than three years.

Leucoma, or Leucoplakia, of the Vulva and Cancer.—H. T. Butlin, F.R.C.S., reports three cases of leucoma, or leucoplakia, of the vulva, the first complicated with an ulcer which was almost certainly cancerous; the second with an ulcer which was quite certainly cancerous; the third also with cancerous disease. The plaques of leucoma form only on the mucous surface, not on the skin. They are precisely similar in appearance, feel, and variety of form to the white plaques which form upon the mucous surface of the mouth. In more than one instance the vulva and the mouth have been attacked in the same patient. There is therefore reason to believe that it is the same disease in both situations. If so, the influence of tobacco and of the direct contact of alcohol in the production of the disease loses some of its importance. Syphilis plays no part. Such altered surfaces are predisposed to the growth of cancer, and the question is pressing of the desirability of free removal of all such plaques from the vulva, whether the signs of development of cancer are present or not.—New York Medical Journal.

City Physician. — Dr. Henry S. Nelson has succeeded Dr. William J. Byrnes as city physician of Minneapolis.

The Nature and Origin of Pigments.—The chemical nature and origin of the pigments of living organisms is a vast and almost unexplored field of study. The colors of insects and birds have, it is true, received a large amount of theoretical consideration at the hands of the evolutionist. The Darwinian looks for examples of utility in the struggle for existence — warning colors, mimicry, etc. — and then dismisses the origin of coloring with the magical words "natural or sexual selection." The whole subject, however, demands a far deeper inquiry at the hands of the physiologist, for it is becoming more and more evident that the origin of pigment is bound up with the chemistry of growth, and the physiological functions of living organisms. Three years ago Dr. Marion Newbigin gathered together the fragmentary knowledge we possess on the nature and distribution of pigments,

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and published a most useful monograph entitled "Color in Nature." Dr. Bohn has published recently a similar short and suggestive summary of the researches on pigments, but renders little service to science by improvising a theory of their evolution. He supposes that cells (plastides) were preceded by more elementary bodies (plastidules). That the chromatin of the nucleus consists of collections of plastidules, and that pigment-granules and the chloroleucites containing the chlorophyl of plants are also plastidules which now live under conditions of symbiosis in cells. For the further details of this theory Dr. Bohn's book must be consulted, but no evidence in favor of the theory will be found. The native pigments may be classed under five heads: 1. Pigments of direct physiological importance, such as hæmoglobin and chlorophyl. 2. Derivatives of such pigments, such as the derivatives of hæmoglobin, urobilin, hæmatoporphyrin, and possibly melanin. 3. Waste products, such as uric acid and lepidotic acid, found by Hopkins in the wings of butterflies (*Pieridæ*). The white of the garden white butterfly is due to uric acid. The silver lines of the mackerel and other fishes are due to crystals of guanin, one of the xanthin bases. 4. Reserve products, such as lipochromes found associated with fat. Carotin, the coloring matter of carrots, beef, etc., is said to be a cholesterin fat. Carminic acid of the coccus is a glucoside. 5. Introduced pigments, such as pigment taken up by a parasite from its host, chlorophyl by larvæ, etc. The little that is known about these pigments, apart from their beauty, is of such interest that it should stimulate further inquiry. The micrococcus prodigiosus growing on moist bread produces the miracle of the bleeding host. The purple pigment of bacterium beggiatoa rosco-persicina, according to Englemann, breaks up CO_2 and sets free O under the influence of light. The green pigment of the coral polypus of the Australian barrier reef is accredited with the same function by Dr. Hickson. The pigment of vibrio cyanogens reacts like the aniline dye tryphenyl-rosaniline. The beautiful pigments of birds' eggs appear to be entirely derived from the blood shed in the bursting of the Graafian follicle. Biliverdin and hæmatoporphyrin, respectively, produce the green-blues and red-browns of the combs and wattles of birds. The pigments which produce the colors of fruits and flowers and autumn tints seem to be associated with diminished power of assimilation and growth. Likewise the senescence of the nerve-cell is accompanied by increased pigmentation, and the melanin, according to Dr. Bohn, owes its origin to the chromatin of the cell-nuclei. The effects of light and food on pigmentation offer a wide field of inquiry. Poulton has changed the color of larvæ by feeling them in turn on the green parts and the white midribs of cabbage-leaves. Cunningham has caused the under surface of soles to become pigmented by illuminating the base of the aquarium with mirrors. Poulton and Schröder have changed certain larvæ from one color to another by placing them on colored papers. Crustaceæ have been bleached by keeping them in caverns, while the colorless inhabitants of caverns have been pigmented by transferring them to the light. The absorption and utilization of light-energy or the protection of protoplasm against light must be among the first functions of pigment.— British Medical Journal.

Australian Physician Knighted. — The honor of knighthood has been conferred on Dr. James Graham, Mayor of Sydney, during the recent visit of the Duke and Duchess of Cornwall and York.

Double Birth-palsy.—At a meeting of the Section on Pediatrics of the New York Academy of Medicine Dr. J. F. Terriberry presented a case. He said that Duchenne had been the first to call attention to this form of palsy, giving it the name obstetrical paralysis. It was most commonly the result of difficult delivery of the shoulders of the child, necessitating the use of the finger of

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the *accoucheur* or the hook in the axilla, though, according to some authors, it sometimes results from compression of the brachial plexus by the umbilical cord. In the Duchenne type the arm falls by the side in complete extension, there is almost no disturbance of sensation, and the fingers move well. Birth-palsy may be distinguished from cerebral palsy resulting from hæmorrhage on the surface of the brain by the presence of convulsions, spasticity of the limbs, exaggeration of the reflexes, and absence of sensory symptoms. In the experience of the speaker, most of these cases show marked improvement, but he had never seen such a case in which there had been a complete cure. If a reaction to the faradic current were obtained by the end of the third week, it might be safely assumed that the child would get almost perfect use of the affected arm. The part should be kept absolutely at rest for upward of four weeks, and this was best done by wrapping the arm up in cotton and so supporting it that it would not drag upon the brachial plexus. The daily application of the galvanic current and the use of massage at home would materially aid the treatment.

Resignation.—Dr. H. C. Rutter, superintendent of the State Hospital for Epileptics, Gallipolis, has resigned, to take effect September 1st. His resignation has been accepted by the trustees and a leave of absence granted him for four weeks.

Medical-College Changes.—The annual announcements of the various local medical colleges are out, and show a number of changes in the faculties. In the Miami it is announced that Dr. N. P. Dandridge has resigned the position of dean, which he has held so many years with great credit to himself and to the continued advancement of his college, and Dr. J. C. Oliver has been elected to fill the vacancy. The only other change in the college is the creation of a chair of nervous and mental diseases, of which the first incumbent will be Dr. Frank W. Langdon. At the Cincinnati College, Dr. D. I. Wolfstein, Neuro-Pathologist to the Cincinnati Hospital, has been elected to fill the newly-created chair of nervous and mental diseases; Dr. C. W. Tangeman, Professor of Ophthalmology; Dr. H. Freudenberger, Professor of Pathology; Dr. Theodore Schmidt, Professor of Chemistry; Dr. Mark A. Brown, Professor of Clinical Medicine. At the Medical College of Ohio, a promotion has occurred all along the line, occasioned by the death of the late Dr. J. T. Whittaker. Dr. Fred. Forchheimer, Professor of Practice; Dr. B. K. Rachford, Professor of Diseases of Children; Dr. Allyn Poole, Professor of Materia Medica and Therapeutics; Dr. William Muehlberg, last year Demonstrator of Physiology, has been promoted to the full chair of physiology.—Cincinnati Lancet-Clinic.

Presbyterian Hospital of Atlanta, Ga.—This institution, recently opened, has an initial capacity of twenty-five to thirty beds. Its medical staff consists of Dr. Marion McH. Hull, chairman; and Drs. Stephen T. Barnett, Cyrus W. Strickler, James N. Ellis, Edward C. Davis, Miller B. Hutchins, Michael Hoke, John L. McDaniel, James McF. Gaston (Jr.), Arthur G. Hobbs, James M. Crawford, and Walter B. Emery.

Tri-State Association. — The Tri-State Medical Association of western Maryland, West Virginia, and western Pennsylvania met in annual convention in Cumberland, Md. The officers elected were: President, Dr. William F. Barclay, of Pittsburgh; first vice-president, Dr. H. W. Hodgson, of Cumberland; second vice-president, Dr. F. L. Baker, of Burlington, W. Va.; third vice-president, Dr. Bruce Lichty, of Meyersdale, Pa.; recording secretary, Dr. Percival Lantz, of Alaska, W. Va.; corresponding secretary, Dr. Frederick W. Fochtman, of Cumberland; treasurer, Dr. E. B. Claybrook, of Cumberland.

The University of Glasgow Honors a San Francisco Physician. — At the recent celebration of the four hundred and fiftieth anniversary of the founding of the Univer-

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sity of Glasgow (Scotland), Dr. A. Barkan, delegate from Cooper Medical College, of San Francisco, was made a Doctor of Laws by the university.

University of Vermont. — Dr. Fred. K. Jackson, of Barre, has been appointed Instructor in Physiology in the Medical Department of the State University.

Cleveland College of Physicians and Surgeons.—Dr. Charles F. Dutton, who has been Professor of the Theory and Practice of Medicine in the Cleveland College of Physicians and Surgeons for seventeen years, recently resigned. He was subsequently banqueted by the faculty.

Resignation.—Dr. Richard Douglas, who has been filling the chairs of Abdominal Surgery, Gynæcology, and Obstetrics in Vanderbilt University, has resigned his position as professor in the medical department of that institution. He has been a member of the faculty since the foundation of the department.

Intestinal Worms and Disease of the Vermiform Appendix. — It may be that a substantial addition to our means of preventing appendicular inflammation is to be found in the use of anthelmintics. E. Metchnikoff cites a number of instances in which attacks of such inflammation, even of the relapsing form, subsided on the use of vermifuges. The ova of the worms had previously been found in the stools, and the search for them is urged in all doubtful cases. The action of the worms seems to be mechanical: on the one hand, they may block the mouth of the appendix; and, on the other, they may bore into its mucous membrane, carrying with them pathogenic micro-organisms. — New York Medical Journal.

Skin-lesions of the English Epidemic of Arsenical Beer Poisoning.—The most striking feature was swelling, heat, and pain about the hands and feet; so that work had to be abandoned. The skin of the palms and soles was thickened and perspired profusely. These phenomena were symmetrical. Later, the redness spread to the backs of the hands and feet and up the wrists. The faces were flushed and swollen or cyanotic, the eyes suffused and watery. Some showed on the body or limbs rashes resembling measles or scarlatina; these rashes were generally followed by a rough, flaky, scaling and dirty look of the skin. In some instances the limbs and sometimes the body were covered with brilliant red, blue, or lurid blotches of different shapes and sizes; after these began to scale the cases at a little distance were much like psoriasis; again, the lesions below the elbows and knees were much like lichen planus.

The pigmentation varied from slight to very deep. It occurred in the paralytic cases as well as is those in which the cutaneous lesions predominated. It is not the bronzing of Addison's disease, but an earthy hue: "an unwashed appearance," occasionally a dirty-brown, approaching black. It is not marked in covered portions, and may develop independently of erythema or hyperkeratosis. Herpes zoster, of course, occurred; large vesicular and bullous eruptions were rare. The symptom *par excellence* is hyperkeratosis. While finding its extreme expression in the palms and soles, it is by no means limited to these regions. Many cases presented on the palms and soles arsenical warts: peculiar, small, flat nodules of horny tissue which look as if the skin were raised into little hillocks.—St. Louis Courier of Medicine.

Book Reviews.

Syphilis: its Diagnosis and Treatment. By William S. Gottheil, M.D., Professor of Dermatology and Syphilology in the New York School of Clinical Medicine;

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Dermatologist to the Lebanon and Beth-Israel Hospitals, the West-Side German Dispensary, etc. Profusely Illustrated. 216 Pages. Price, $1.00, net. G. P. Engelhard & Co., Chicago, 1901.

In this work the author draws an excellent portrait of the predominant features of syphilis in all its stages and manifestations. The style is good and the descriptions of the objective appearances concise, but graphic. The text is materially strengthened in its effect by the superior plates by which it is illustrated. The chapters on treatment are written in a practical vein, and are of value, although there are some points in which we do not concur with the author's beliefs. Such divergence of opinion is, however, inevitable in such a wide subject. As Dr. Gottheil remarks, in all the great essentials of treatment there is a practical unanimity among teachers. The typography is of the best, but we would call attention to a rather curious error on page 166, where a line relating to Profeta's law is repeated, and in the index the same name is spelled Profita.

International Clinics. A Quarterly of Clinical Lectures and Especially-Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pædiatrics, Pathology, Dermatology; Diseases of the Eye, Ear, Nose, and Throat; and other Topics of Interest to Students and Practitioners. By Leading Members of the Medical Profession Throughout the World. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U. S. A., with the collaboration of John B. Murphy, M.D., of Chicago; Alexander D. Blackader, M.D., of Montreal; H. C. Wood, M.D., of Philadelphia; T. M. Rotch, M.D., of Boston; E. Landolt, M.D., of Paris; Thomas G. Morton, M.D., of Philadelphia; Charles H. Reed, M.D., of Philadelphia; J. W. Ballantyne, M.D., of Edinburgh; and John Harold, M.D., of London, with Regular Correspondents in Montreal, London, Paris, Leipzig, and Vienna. Volume II. Eleventh Series, 1901. Philadelphia, J. B. Lippincott Company, 1901.

We have always taken great pleasure in noticing and recommending this serial publication. The high standard of excellence which every number maintains is permanently assured by the prominent names associated in its preparation. The volume before us is no exception to the general rule. The branches upon which it contains lectures are therapeutics, medicine, neurology, surgery, obstetrics and gynæcology, pædiatrics, pathology, diseases of the eye, and laryngology, while the miscellaneous matter is represented by an article from the pen of Dr. W. A. Newman Dorland on the pronunciation of some of the newer medical words. This contribution will doubtless be welcome to the readers, because many new terms have been introduced of late years, and their significance is not always obvious. We have not space, nor is it at all necessary, to mention every article and every contributor. Suffice it to say that in each volume we find a choice collection, while in the completed series for each year we possess valuable lectures or papers upon the most prominent topics and questions of the time. For instance, in the present volume we find in the department of therapeutics two papers upon the subject of spinal anæsthesia: one on the general aspect by Professor Tuffier who has had such a wide experience in this method and another by Dr. Doléris, *accoucheur* to the Paris Hospitals on the oxytocic effect of the lumbar injection of cocaine, particularly to induce labor. The latter writer concludes that we have in this procedure a new method for bringing on labor, that it may render great service in cases of uterine inertia during labor, and that it ought to be efficacious in eclampsia, where rapid evacuation of the uterus is indicated. Another valuable article is that by Dr. Robert Jardine, of Glasgow, on the treatment of puerperal eclampsia by saline diuretic infusion. He injects

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copious infusions containing, besides the normal saline solution, large doses of either potassium bicarbonate or sodium acetate. From a large experience in treatment of eclampsia by many methods the writer has no hesitation in stating that in his hands the saline diuretic infusions have given by far the best results. An important article on the adulteration of foods has been prepared by Emil Schlichting, who reviews the customary adulterations or sophistications in the commonly-used foods. In the domain of medicine we notice an excellent and timely contribution by Dr. Jay F. Schamberg on small-pox, with particular reference to the prevalent epidemic. This article is graphically illustrated and is well worth perusal. Prof. James Tyson, who is one of our most highly-esteemed clinicians, is represented by a lecture upon croupous pneumonia. Prof. Ludvig Hektoen, of Chicago, writes of the important subject of actinomycosis of the respiratory tract. Locomotor ataxia receives consideration in three articles under the head of neurology. Professor Fournier teaches us the manner of detecting the disease in its earlier stages. Dr. John B. Deaver presents us with a number of interesting surgical cases from the clinic of the German Hospital of this city. Dr. Ballantyne, of Edinburgh, discusses the important subject of abortion; Dr. Blackader, of Montreal, describes acute dilatation of the heart during childhood and adolescence; John Griffith, of London, writes of ophthalmic herpes and its complications, etc.

Operative Surgery. By Joseph D. Bryant, M.D., Professor of the Principles and Practice of Surgery and Operative and Clinical Surgery in the University-and-Bellevue-Hospital Medical College, etc. Volume II. Operations on Mouth, Nose, and Œsophagus, the Viscera connected with the Peritoneum, the Throat and Neck, Scrotum and Penis, and Miscellaneous Operations. This Volume Contains 827 Illustrations, 40 of which are Colored. New York: D. Appleton & Co., 1901.

The general scope of this volume is indicated by the title-page. There can be no doubt as to the value of the book. All the operations by which the organs of the regions named are reached, the various steps of the operation, the dangers which exist in each case are pointed out in a lucid manner by one of wide experience and excellent judgment. In connection with the most important and serious interventions the author passes remarks about the special complications or difficulties of the procedures adopted and states the results of the operations together with notes upon the after-treatment. The author has a happy faculty of explaining in a very clear manner the various steps by which the surgeon proceeds. The typography is beautifully distinct, and the illustrations are of noteworthy excellence. We can cordially recommend the work as a trustworthy guide to the intricacies of practical surgery.

Report of the Surgeon-General of the Army to the Secretary of War for the Fiscal Year Ended June 30, 1898. Washington: Government Printing-office, 1898.

This is a particularly valuable document, inasmuch as, in addition to matters relating to the general routine of the Army Medical Department, the Surgeon-General describes the measures which were adopted for meeting the emergencies suddenly presented by the outbreak of the war with Spain. During the memorable summer of 1898 Dr. Sternberg was one of the busiest of men, fully occupied with devising means for the efficient conduct of his department during the hostilities. How faithfully the surgeon-general performed his duty and how far-seeing were his precautions is matter of record. The parts of this report relating to war measures far overshadows those concerned with questions concerning army posts and barracks in the quiet years before the Spanish War. The report is full of interesting matter.

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COMMERCIAL NEWS.

—•—

"ACID" AND "NEUTRAL" GLYCEROPHOSPHATES.

By Edmund Gros, M.D.,
PARIS.

Many, if not all, diseases—zymotic or otherwise—are due to an impaired equilibrium in the mineral equations of the body. Let too great a loss of some of its normal constituents take place,—such as phosphorus, arsenic, iodine, sulphur, etc., without a corresponding income of these elements derived from food—and the tissues lose their vital resistance, and are liable to become a prey to microbic diseases. We too often lose sight of these facts, and have too great a tendency to ascribe all diseases to germs alone; we forget the soil, and that we can no more surely attack the germ than by modifying the soil on which it grows. Let us take, for example, those conditions in which phosphaturia is the dominant symptom. There is here, to use a favorite expression of Prof. Albert Robin, "a veritable *leakage* of phosphorus," and, if this is not promptly restored by the food or medication, the direst state of things occurs; neurasthenia, osteomalacia, rickets, idiocy, are a few of the ills resulting from the loss of this important element.

For the ordinary form of phosphate of lime, so soluble as to be almost devoid of action, Longet, Wurtz, Rabuteau, Churchill, etc., substituted the more soluble chlorhydrophosphate, hypophosphite, and lactophosphate.

In 1889 Brown-Séquard startled the world with his discovery that the pulp of testicles had a wonderfully vivifying action. The hopes offered by this too optimistic *sarant* caused him to be looked on with suspicion by many of his contemporaries, and yet it is due to him that the glycerophosphates are so extensively and successfully used to-day, for the spermatic fluid contains a highly concentrated form of the various glycerophosphates in organic combination.

Dr. Albert Robin has made himself the champion of the glycerophosphatic medication, and claims that when administered hypodermically or by the mouth exactly the same results obtain as with the injections of Brown-Séquard. He showed that the urine of neurasthenics contained a large quantity of phosphorus, in the form of glycerophosphates, and deduced from this that it would be advisable to administer phosphorus in a form as readily allied to that of the organism as possible. In the hands of Dr. Robin the glycerophosphates increased the quantity of urea, chlorides, and sulphates; the only element which is not increased, but rather diminished, is *phosphorus*, which proves that the glycerophosphates are not only totally absorbed, but also have a tendency to stop the morbid eliminations of phosphorus from the body. Moreover, he found they exercised a powerful stimulation over the various organs through the medium of the nervous system.

We have been speaking of the glycerophosphates in general, but a distinction should be made between the neutral and acid salts.

Dr. Bardet (Comptes rendus de l'Académie des Sciences, April, 1900) found the dynamogenic action of the acid glycerophosphates far superior to the neutral in intensity of action and rapidity of absorption. In small doses the acid salts exert powerful stimulating action on the general organism; in large doses they are purgative like phosphate of soda, but, in addition to this, they exert a marked cholagogic action, and aid the digestion of dyspeptics.

Dr. Robin's admirable communication to the Academy of Sciences of Paris will serve us as a model on which to trace their therapeutic indications, viz.:—

1. In all cases where there exists a

(Continued on Advertising Page 18.)

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PIL: ARTHROSIA (Warner & Co.)

FOR CURE OF GOUT AND RHEUMATISM.

FORMULA: Acidum Salicylicum; Resina Podophyllum; Quinia; Ext. Colchicum; Ext. Phytolacca; Capsicum. 60c. per 100.

PERISTALTIC.

(Trade Mark.)

Aloin..... ⅓ gr. Ext. Bellad..... ¼ gr.
Strychnin..... 1-60 gr. Ipecac..... 1-16 gr.
DOSE—One to Two Pills.

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(DR. GOODELL) Each containing:
Ext. Sumbul..... 1 gr. Ferri Sulph. Exs..... 1 gr.
Asafœtida..... 2 grs. Ac. Arsenious.....1-40 gr.
DOSE—One to Two Pills. $1.00 per 100.

"I use this pill for Nervous and Hysterical Women, who need building up." It is used with great advantage in neurasthenic conditions in conjunction with Warner & Co.'s Bromo Soda. One to two pills taken three times a day.

PIL. CASCARA CATHARTIC.

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℞
Cascarin, Ext. Bellad..... ¼ gr.
Aloin..... ½ gr. Strychnin..... 1-60 gr.
Podophyllin..... 1-6 gr. Gingerina..... ½ gr.
DOSE—One to Two Pills. 60c. per 100.

Wm. R. Warner & Co.'s TONO NERVINE TABLETS.

℞
Ext. Damiana..... 1 gr. Ext. Sumbul..... ¼ gr.
Phosphorus..... 1-100 gr. Ferri Carb..... 1 gr.
Asafœtida..... ½ gr. Ext. Nux Vomica.....1-10 gr.
DOSE—Two Tablets before meals for adults.

SUPERIOR TO PEPSIN OF THE HOG

INGLUVIN

A Powder—Prescribed in the same manner, doses and combinations as pepsin.

A SPECIFIC FOR VOMITING IN GESTATION IN DOSES OF 10 to 20 Grains.

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Manufacturers of Reliable and Soluble Coated Pills.

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THE MEDICO-CHIRURGICAL COLLEGE OF PHILADELPHIA.

DEPARTMENT OF MEDICINE.

The next session begins October 1, 1901. A four years' graded course is required of all who graduate. Entering students who do not have a college degree, high school or normal school certificate, or the equivalent of one of these must pass a preliminary examination. Students from accredited medical colleges are admitted to advanced standing upon the presentation of satisfactory credentials. Advanced standing to graduates of academic or scientific colleges who have had a satisfactory training in biological studies.

The instruction is thoroughly practical, particular attention being given to laboratory work and to bedside and ward-class instruction. Ward-classes are limited in size to ten students each. Free quizzing in all branches by the professors and a special staff of tutors. A modified and improved seminar method for didactic instruction. The new laboratory building and equipments render the facilities for practical and scientific teaching unexcelled.

The college has a Special Quiz Course for post-graduates intending to enter the medical service of the United States Army, Navy, or Marine Hospital Department, or to take State Board or Hospital examinations. Special facilities for other post-graduate work, for which a certificate will be given when desired.

The college has also a department of Dentistry and a department of Pharmacy, and grants degrees in each at the end of graded courses. By taking the combined course students may secure degrees in Medicine and Dentistry or Medicine and Pharmacy in five years.

All physicians or prospective students are cordially invited to visit and inspect the College when in the city.

For announcement or further information, address

SENECA EGBERT, M.D., Dean of the Department of Medicine,

CHERRY STREET, PHILADELPHIA, PA.

AN APHRODISIAC that has stood 10 years' critical test.

PIL ORIENTALIS (THOMPSON)

Contains the Extract Ambrosia Orientalis, imported solely by ourselves, made of the green bark from the Tvunjahb plant of Siam and India, and the Gorrah or Yoolmbee of the East Coast of Africa. New literature and medical testimonials will shortly be ready.

WHAT SOME PHYSICIANS SAY:

Dr. C. H. Harriman, Whitinsville, Mass., "I believe Pil Orientalis is the nearest to being a specific for impotency of anything ever recommended."

Dr. W. H. Judson, Danielson, Conn., "Gave satisfaction in a case where everything else had failed."

Dr. G. W. Seaton, Clayton, Ind., "Relieved a case of impotency of fourteen years' standing."

Dr. F. D. Peltier, Hartford, Conn., "Succeeded far beyond my expectations."

Price, $1.00 per box (plain label for dispensing). $9.50 per doz net.

The Immune Tablet Co., Washington, D. C., U. S. A.

Depots at: San Francisco, Redington & Co.: St. Louis, Meyer Bros. Drug Co.: Chicago, Lord, Owen & Co.: New York, Lehn & Fink; New Orleans, J. L. Lyons & Co.: Toronto, Lyman Brothers & Co, L'td.

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From it you get the results of much experiment and outlay, also of much Reflection.

On it you get an astonishing flood of clear white, penetrating LIGHT.

In it we shed still more LIGHT in a little book, for a copy of which address

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Mention this paper and get special discount.

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diminution of the nitrogenous exchanges; in a word, wherever there is retarded metabolism. (*a*) In chronic gout and diabetes in the stages of cachexia. (*b*) In obesity with diminished elimination of urea. (*c*) In pulmonary phthisis to stimulate the resistance of the organism to the bacillus. (*d*) In chronic Bright's disease. (*e*) In albumino-phosphaturia. (*f*) In dyspepsias, attended with hypochlorhydria. (*g*) In senility, to intensify nutrition. (*h*) In chlorosis and anæmia. (*i*) In osteomalacia and rickets.

2. As a reconstituent of the nervous system, in all cases of nerve-prostration. In neurasthenia and in the convalescence of wasting diseases, such as typhoid, grip, pneumonia, etc.

The glycerophosphates of commerce are very unreliable and unstable. The irregular solubility of the dry "neutral" forms of the glycerophosphates and their sometimes apparently weak action are due to a partial decomposition, which has transformed them into simple phosphates or insoluble inert substances; hence it has been found that a solution of the acid glycerophosphates in glycerin, according to Huxley's formula, offers the greatest stability, and allows them to permanently retain all of their most active properties. This syrup is most reliable for general practice, on account of the chemical purity of its constituents, and their uniformity and permanence in all climates.

Each fluidrachm or teaspoonful of the syrup (free from sugar), represents 4 grains of the glycerophosphates of lime, soda, potash, manganese, and iron, with $^1/_{250}$ grain of strychnine, in exact physiological proportions. The acid glycerophosphates being more efficient than the neutral salts, preference should be given to Huxley's formula for the syrup; they cannot, moreover, be given in the dry form.

ANTIKAMNIA AND HEROIN TABLETS.

Our readers will find in this number the announcement of a new remedial preparation, viz.: "Antikamnia and Heroin Tablets," each tablet containing $^1/_{12}$ grain of heroin hydrochloride (muriate) and 5 grains of antikamnia. All members of the medical profession should familiarize themselves with this combination, and we respectfully advise our readers to look up the advertisement and send for samples. The advantages of this tablet are fully illustrated by a report of cases submitted by Dr. Uriel S. Boone, Professor of Pharmacology and Surgery in the College of Physicians and Surgery, St. Louis. We reprint three of said cases, as each has some particular feature which successfully called into use, in a most beneficial manner, the synergetic action of these two drugs:—

Case I.—J. P. Athlete. Suffering from an acute cold. On examination found temperature 101° F., with a cough and bronchial râles. Patient complained of pain induced by constant coughing. Prescribed antikamnia and heroin tablets, one every four hours. After taking six tablets the cough was entirely relieved. Patient continued taking one tablet three times daily for three days, when he ceased taking them and there has been no return of the cough or pain.

Case II.—Ed. H. Aged 30. Family history: hereditary consumption. Hæmorrhage from lungs eighteen months ago. His physician had me examine sputum; found tubercle bacilli. After prescribing various remedies with very little improvement, I placed him on antikamnia and heroin tablets, prescribing one tablet three times a day and one on retiring. He has since thanked me for saving him many sleepless nights, and while I am aware he never can be cured, relief has been to him a great pleasure and one which he has not been able to get heretofore.

Case III.—William S. Aged 28. Lost twenty-five pounds in last thirty days.

(CONTINUED ON ADVERTISING PAGE 20.)

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Packer's Tar Soap.

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS, PINE-TAR, AND GLYCERINE.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

THE PACKER MANUFACTURING CO., 81 Fulton Street, New York.

New Successful Remedies

TRY:

Tannalbin in Diarrheas
Dormiol in Sleeplessness
Ichthargan in Gonorrhea
Iodipin in Tertiary Syphilis
Orexine in Loss of Appetite
Formin in Cystitis and Gout
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Ichthoform in Tuberculous Diarrhea
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CHOCOLATE-COATED TABLETS

HEROIN AND TERPIN HYDRATE.

Each Tablet contains Heroin, 1-24 gr.; and Terpin Hydrate, 2 grs.

ELIXIR OF HEROIN.

ELIXIR OF HEROIN AND TERPIN HYDRATE.

ELIXIR OF HEROIN AND TERPIN HYDRATE COMPOUND.

Contains Heroin, Terpin Hydrate, Refined Oil of Tar, Tinct. Lobelia, Tinct. Gelsemium.

The field of utility of Heroin comprises all diseases of the respiratory tract attended with cough and dyspnea. It is particularly valuable in the treatment of pulmonary and laryngeal tuberculosis, bronchitis, laryngitis, pneumonia, broncho-pneumonia, emphysema, asthma, hay fever, and whooping-cough.

The established value of Terpin Hydrate as an expectorant and alterative in the same class of diseases in which Heroin has been employed, especially chronic bronchitis, asthma, and emphysema, has induced us to offer the eligible combination of these drugs above indicated.

ROBT. T. YOUNG, Apothecary,
17th and Chestnut Sts, Philad'a.

SPECIFY YOUNG'S.

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Consulted me on July 9th. I thought he most certainly would fall victim to tuberculosis. Evening temperature 101° F. with night-sweats and a very troublesome cough with lancinating pains. Prescribed $^1/_{100}$ grain atropine to relieve the excessive night-sweats and one antikamnia and heroin tablet every four hours, with the result that he has entirely recovered and is now at work as usual.

Neither in these nor any other of my cases were any untoward after-effects evidenced, thus showing a new and distinctive synergetic action and one which cannot help being beneficial and useful to both patient and physician.

A Regenerator.

Everybody knows the condition—it's so extremely common and rebellious; some physicians call it general debility, malnutrition, nervous exhaustion, or a host of other names. Whatever its name or its cause, there exist the very striking facts that the blood has been impoverished, the nervous system ravished, the vitality sapped out. It would seem extremely rash to make the statement that any one remedy is equally efficacious in all of these cases, particularly so when the usually-employed tonics—iron, strychnine, codliver-oil, etc.—have utterly failed. Yet such is the statement of thousands of physicians whose names are everywhere the synonyms for eminence, integrity, and ability; physicians who represent all that is best in ethical, scientific medicine. It is this class of physicians who make the unqualified assertion that Gray's glycerine tonic compound is uniformly effective in malnutrition, general debility, nervous prostration—whether the condition accompanies organic disease, acute infectious diseases, or exists without ascribable cause.

Gray's tonic begins aright in these cases; it makes a friend of the rebellious stomach: makes it docile, receptive, and retentive. The patient improves from the start: has more strength and less depression and exhaustion. The physician notes the patient's ability to eat, digest, and assimilate food; the dormant nutritive functions seem to assume new life. The blood rapidly regains the necessary elements for healthful nutrition of the entire body—the red blood-corpuscles and hæmoglobin increase hand in hand; nervous force, vitality, is re-engendered; irritability, sleeplessness, and exhaustion disappear. Restoration of constitutional vigor and return to health is but a natural sequence; it usually results in a surprisingly short time. Skepticism as to the truth of these facts may be entertained by those who have never given Gray's tonic a fair clinical trial; but, with those physicians who have tried the remedy, skepticism has yielded to the inexorable verdict of facts: actual, accomplished results. The experience of countless physicians leaves no ground for doubt that Gray's tonic is the remedy *par excellence*—the pleasant, uniformly effective remedy—in waste of tissue and impoverishment of blood and vitality. Its rapidity of action is especially noticeable in convalescence from typhoid fever, grip, pneumonia, and other exhausting ailments. Its uniformity of action is a certainty in all. Gray's glycerine tonic compound owes its distinctive value to the proportion of the contained ingredients and their manner of combination. All imitations lack these characteristics of the original, and are consequently of inferior value.

Bronchitis.

In the majority of cases bronchitis results from taking cold, such as exposure to cold and wet, sitting in a draft, sudden change in temperature, and sleeping on damp sheets. Many suffer in consequence of insufficient clothing. Direct irritation of the bronchial mucous membrane is another frequent cause. Blood poisoning may induce bronchial catarrh, as in various fevers, especially typhoid and measles. Bronchitis oc-

(Continued on Advertising Page 22.)

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THERE IS ALWAYS ONE BEST

And the Best

Sutures and Ligatures,
Surgical Dressings, Absorbent Cotton,
Adhesive and Medicated Plasters,
Etc., Etc.,

Are Manufactured by

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"The Home of Asepsis"

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Sole Manufacturers of the Dr. Deimel Linen-Mesh Surgical Dressings, Supporters, and Suspensories.

IMPERATIVE NEEDS

for the Summer invalid—strength, nervous force, constitutional vigor—are always met by the use of

GRAY'S Glycerine TONIC Comp.

It's a potent and pleasant tasting remedy

THE PURDUE FREDERICK CO.,
No. 15 Murray Street, New York

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curs as an epidemic associated with influenza and grip. Secondary bronchitis is the term applied to bronchitis occurring in connection with the exanthemata, and in the course of blood diseases, such as rheumatism and Bright's disease. Bronchorrhœa is most frequent in old people, especially in connection with cardiac diseases. This cough is paroxysmal, and often violent, in which event there is loss of flesh, nerve-vitality, and proportioned weakness.

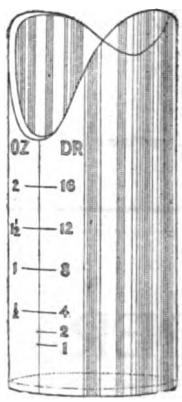
Treatment.—Early attention is required in all cases of bronchitis, especially when children and the aged are affected. In aggravated cases confinement to the house is advisable; patient should be warmly clad in flannel, avoiding exposure to chest. A sinapism over the chest is useful. In children an emetic at the outset is much in favor with many practitioners. The next indications are carried out merely by the administration of remedies in various combinations as they are required, viz.: expectorants, sedatives, and antispasmodics. Firwein (Tilden's), being a bland, soothing balsam, possesses a wide range of adaptability and increased potency because of its healing virtues and usefulness as an expectorant, sedative, and antispasmodic in bronchitis, and inflammation and catarrh of nose, throat, and lungs. The dose in bronchitis is 1 teaspoonful every three hours. In bronchorrhœa of the aged it is advisable to combine firwein with spirit of frumenti, equal parts, in which event the dose indicated is a dessertspoonful four times daily, the last dose being taken at bed-time.

A Nerve-revitalizer.

Every function of the body is controlled by the nervous system; hence, just to the extent of the nerve-lesion will there be a depression of the vital forces. The experience of the profession proves that one of the best possible remedies for this condition is celerina, in teaspoonful doses, four or five times a day. No one, after an intelligent use of celerina, will deny its power to give renewed energy to the whole nervous system.

A New Nose-cup.

This cup has been designed by W. J. Evans, of New York City, to meet the demand for an instrument for washing out the nasal cavity, which could be used without fear of injury to the breathing passages or forcing of fluid into the Eustachian tubes. It admits of the natural method of cleansing the nose, or, as it has been termed, "drinking through the nose." This method is at once easily taught and easily learned,



and is efficient without being harmful. The fluid is placed in the cup, the higher curve of the rim being adjusted beneath the nostrils. The cup is tilted until the liquid enters the nostrils, then, closing the mouth, a slight drawing in of the breath causes the solution to enter the nose and naso-pharynx, thus bringing it in contact with all parts of the nasal mucous membrane. The solution may be allowed to pass to the back of the throat, and be expelled through the mouth. If it is desired to douche one nostril at a time, this may be easily accomplished by alternately pressing the elevated rim of the cup against the wing of the nostril, thus completely closing it. The cup can be obtained from McKesson & Robbins, New York.

(Continued on Advertising Page 24.)

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A PRIVATE HOSPITAL FOR MENTAL AND NERVOUS DISEASES.

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Extensive and beautiful grounds. Perfect privacy.
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Resident Physicians: J. Willoughby Phillips, M.D. / S. A. Mercer Given, M.D.

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Genito-Urinary Sedative.

Subdues Inflammation of Mucous Surfaces of Urinary Passages. Indicated in Cystitis and Urethritis, Acute or Chronic. Impedes Development of Gonococci.

The chemic union of Maizenic Acid—*from Green Corn Silk*—with Lithium, resulting in Maizenate Lithium. 2 grs. to drachm.
Dose—1 to 2 drachms.

"Three Chlorides (HENRY) is my favorite formula."
G. FRANK LYDSTON, M.D.

HENRY'S THREE CHLORIDES.

(*Liq. Ferriconic Henry*)

A Potent Stimulant to the Glandular System. Promptly Reconstructive in Local or General Disturbances of Hard or Soft Tissue.

TONIC, ALTERATIVE, STOMACHIC.

Indicated in Anæmia, Chlorosis, Specific Invasions, and Convalescence.

Each fluidrachm contains:—
1-8 gr. Protochlor. Iron.
1-128 gr. Biehler. Mercury.
1-280 gr. Chlor. Arsenic.
Calisaya Alkaloid Cordial.

"The formula of HENRY'S Tri-Iodides commends itself to the profession." A. M. OWEN, M.D.

HENRY'S TRI-IODIDES

(*Liq. Sub-Iodide Henry*)

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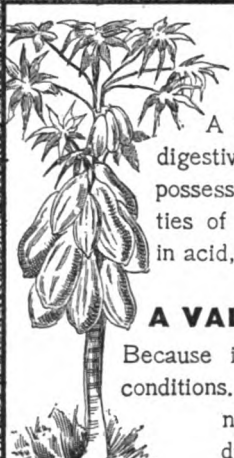

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A Corrector of Iodism.

Dr. W. H. Morse reports (Southern Clinic, May) success in the use of bromidia, which he says has proved corrigental of iodia. Discussing his results, he says: "Vomiting is so frequent and troublesome a symptom, in many diseases besides irritation and inflammation of the stomach, as to demand much practical attention from the physician. So, although the causes are so various, and, although we are actually treating a symptom, for this symptom bromidia is remarkably effectual. We have all employed the remedy for colic and hysteria, two disorders where nausea and vomiting are as pronounced as they are persistent, and almost the first evidence of relief is shown by the disappearance of these disagreeable symptoms. It is quite as efficacious for the nausea and vomiting from ulcer or cancer of the stomach. There is nothing that will more quickly check the vomiting, and the hypnotic effect is quite in order."—Medical News.

Substitution.

If your patient simply asks for a disinfectant or for a bottle of chlorides, a cheap imitation of Platt's chlorides is usually substituted; this is generally impotent—or dangerous, and made by some irresponsible druggist. Please write or give instructions so that your patient will be sure to get "Platt's chlorides." The "strip label," covering the cork and neck of every genuine bottle, if intact, guarantees the contents.

"CAROID" IN TYPHOID FEVER.

By J. M. Shaw, M.D.,

East Springfield, Ohio.

"Instead of adopting the starvation plan during the first two weeks of typhoid fever, the writer has prescribed caroid with excellent results. That a careful regulation of diet is a point of great importance in the management of cases of typhoid fever is, of course, well understood, for the peculiar ulceration of the bowels in this disease gives rise to a danger of its own which demands special consideration and treatment. The food, therefore, should be thoroughly digested, leaving no unnecessary residue to create irritation in its passage through the intestines, but at the same time it is of equal importance that food should be nourishing and general nutrition maintained.

"Milk has been selected as the chief article of diet in these cases, not so much on account of its food qualities as because of its liquid character, its ease of administration, and lack of intestinal waste when properly digested. But even milk has been found objectionable in many cases, the deficiency or vitiation of the digestive secretions causing it to remain undigested and unabsorbed in the alimentary tract, giving rise to fermentation, or passing through in the form of tough curds, setting up increased irritation of the inflamed mucous surfaces and often producing dangerous hæmorrhages.

"In the experience of the writer, pepsin fails to convert the casein of milk into true assimilable products. I have found, however, that the conversion is accomplished by the use of the vegetable ferment 'caroid,' which seems to possess a remarkable action upon casein, as can be determined by stirring three or four grains of the powder in a glass of pure, fresh milk heated until it is lukewarm and allowing same to stand two or three hours in a temperature about 100° F. and applying the same test to other ferments for comparison. It will be seen that caroid produces an immediate separation of the casein from the whey, which is soon followed by the gradual digestion of the former until it is entirely dissolved and peptonized. The value of such action in the alimentary canal in typhoid fever is at once apparent."—Journal of the American Medical Association.

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THE

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Surgical Clinic.

CLINIC HELD SEPTEMBER TWENTY-FIFTH BEFORE MEMBERS OF THE PENNSYLVANIA STATE MEDICAL SOCIETY, IN THE MEDICO-CHIRURGICAL HOSPITAL.

BY WILLIAM L. RODMAN, A.M., M.D.,

Professor of Principles of Surgery and Clinical Surgery in the Medico-Chirurgical College of Philadelphia.

THE first patient I have the pleasure of showing is one of our medical students suffering with a marked varicocele upon the left side and an incomplete hernia upon the right side. As I have said, he, as a medical student in the senior class, appreciates the dangers of inflammation, incarceration, and strangulation, and has concluded—wisely, I think—to undergo an operation for the relief of both hernia and varicocele. I have for some years preferred Bassini's operation to all others, and therefore make the usual incision extending from the anterior superior spinous process of the ilium to the spine of the pubis. I aim to make it one-half an inch above and parallel with Poupart's ligament, at once coming down upon the aponeurosis of the external oblique muscle. I am now ready to split the aponeurosis. All operators that I have seen do this on a grooved director, and I believe that, in the main, it is the better way, and yet it has been my practice to split the aponeurosis, as I now do, without the use of a grooved director. I think I do so with less traumatism, and with a sharp knife do not feel at all anxious about cutting into the sac or other tissues below; less so, in fact, than when the director is used. We expose the sac, and I am at once impressed with the idea that I have to deal with a direct rather than an oblique hernia. I feared as much when I examined the man in my office. Direct hernias, in my judgment, are not so satisfactorily operated upon as the oblique variety. They are rare, very rare, in my judgment; far more so than works on anatomy would lead us to suppose; and therefore I have not had a large number of cases in my own experience to deal with. If I have had a recurrence I do not know it, but for evident anatomical reasons I never feel as well satisfied after an operation for a direct hernia as I do when dealing with the oblique variety. Moreover, I question if the works on anatomy are correct in stating that the conjoined tendon is one of the coverings in a direct hernia. I have never seen it, and it is my belief that the hernia will escape around the outer edge of the tendon where it can do so very easily, having only the fascia transversalis to push ahead of it. It is hard for me to understand how this strong tendon will be spread out and become a layer covering a soft enterocele. Further examination of

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the sac convinces me that it does pass through Hesselbach's triangle, and is therefore a direct hernia. The base of the sac is quite broad, too much so for a ligature to be used in the ordinary way. I therefore open it, and am certain that it is empty,—something which, in my judgment, should always be done,—then transfix it at its base, and tie carefully upon both sides. This having been done, we now transplant the cord. In this step of the operation I think it best to hold the cord out of the way by a loop of gauze. The first suture I introduce is above the cord and extends nearly up to the margin of the rectus muscle. It, of course, is sewn to the deep shelving of Poupart's ligament. I shall use fine silver wire. Recurrences usually take place at this point; therefore I think this suture necessary; in the original Bassini operation it is not done. Dr. Coley, of New York, who has had an unusual opportunity of studying a large number of relapsed cases, at the Hospital for the Ruptured and Crippled in New York, from various hernia operations, found that a large majority of them were first noticed just external to the internal ring. Therefore it would seem that this point should be supported. The second suture is placed below the cord in such a way as not to interfere with the circulation. Five sutures are placed below the cord, as a rule, one above. In placing the first two sutures I am always careful to feel for the deep epigastric artery, as it could be easily wounded. In placing the last suture one should have in mind the possibility of injuring the femoral vein. Both accidents have occurred. The secret of success, in this step of the operation, is not to tie sutures tightly. I am very sure that in some of my earlier operations suppuration resulted on account of tissue being strangulated by sutures too tightly placed. This should, furthermore, be remembered particularly on account of the fact that we are here dealing with structures of low vitality, sewing muscle to tendon. I prefer, as a rule, to close the aponeurosis of the external oblique with a continued suture of chromicized catgut. I now close the skin incision with a subcutaneous silver-wire suture. This is removed usually on the tenth or twelfth day. The wound is covered over with the silver-foil, which I think of advantage in this operation on account of the more or less septic region. It has been rare for me to get suppuration when using the subcuticular stitch with the silver-foil. I also very generally prefer that a firm spica bandage be applied, so that no dead space will occur into which oozing may take place. It is my practice to keep such patients on their back for at least three weeks, and then to let them get up and go without bandage or truss. I formerly used a well-applied spica bandage for two or three months after the operation; an increasing confidence in radical-cure operations has taught me, however, that it is unnecessary, and I have not, therefore, advised it for some years. A truss, I think, does harm, making pressure and leading to tissue-atrophy. I have not had, so far as I know, a single relapse after a Bassini operation. I had occasional relapses following other methods.

We now turn our attention to the varicocele. Exposing the enlarged veins of the pampiniform plexus by a free incision, we now will proceed to isolate them from the vas deferens and other tissues of the cord. I am now satisfied that I have done so, and yet will ask Dr. Laws, as I invariably do, to confirm my sense of touch, and to see whether or not the vas has been excluded from the ligature. Questions may arise after this operation, and it is well for the surgeon to be in a position to say that some one else verified his diagnosis. I have done more than three hundred operations for varicocele without fatality, and with only one of the cases not doing well in every way. In one, a rather old man (57) of feeble general

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health, there was marked atrophy and sloughing of the testicle. Several years ago—about 1890, if I mistake not—I modified Bennett's operation to this extent: instead of leaving a ligature long on both upper and lower stumps and tying them together, which causes an overlapping necessarily of the ends and leaves an ugly lump, always causing patients operated in this way to complain, I bring the stumps accurately together and suture them with fine silk. In this way no lump will occur, no adhesion of the skin to the cord, and it seems to me to have an advantage over the method of Bennett. Another serious objection to Bennett's operation is that the catgut, if not chromicized, dissolves in a few days, and then the testicle drops to the bottom of the scrotum. All of this is avoided by suturing and using fine silk, which buries well, or chromated gut; then the testicles hang symmetrically. In closing this wound I shall also resort to the method of Parker, of New Orleans, namely: to sew it up transversely, as this will farther elevate the testicle. In certain cases it is undoubtedly a good thing.

* * * * *

The next patient I show is not for operation, but is just recovering from a suprapubic cystotomy by a new method, so far as I know. He came to me about a month ago with an impermeable urethral stricture. Retention of urine was complete. The bladder was enormously distended. His doctor had tried faithfully to enter the bladder with small and large instruments, but could not do so. His urethra was tender and had been bleeding, so that I myself made no attempt to pass any instrument. I immediately made a small incision above the pubis down to the muscles, and then, with this instrument that I show, a trocar and cannula, entered his bladder. The trocar was withdrawn and the cannula left *in situ*. To the cannula was at once attached this rubber tubing and bag, into which the urine promptly passes from the bladder, going by siphonage. He wore this instrument for a couple of weeks, during which time, of course, his urethra had absolute rest. I then began to examine his stricture, and found that, even with the rest the urethra had had, it could with difficulty be entered by a filiform bougie. Gradual dilatation of the stricture has been practiced, and he is now ready to go home. This is the second case that I have operated upon in this way for retention of urine due to a very close stricture. The simple rest given to the urethra in the other case caused partial relaxation with dilatation of the stricture without instrumentation. This, of course, was supplemented with instrumental dilatation. The advantage of this form of drainage is that it can be done under cocaine, as is this case, or in the other without anything, and the patient need not go to bed at all. The drainage is perfect day or night, lying down or standing up, or in any position. The bag, as you see, fits around the calf of the leg. I have used this also in cases of enlarged prostate, where the operation of Hunter McGuire was indicated. I have known of five cases being operated upon by my method: four cases of my own, the fifth having been operated by my friend, Dr. Newlove, of the United States Army. He recently operated upon a patient that I saw in consultation with him. He writes me that the patient, Colonel J., past 70 years of age, is able to walk around, and go everywhere for the first time in several years. He was most miserable when I saw him in June; unable to leave his room, and suffering constantly all the time. It is a perfectly safe way of draining the bladder, and avoids the convalescence in bed, which is so often fatal to old men. It also, as has been said, does away with the necessity for a general anæsthetic, which is so dangerous to men of this class, who usually have damaged kidneys. My experience with the operation has been so

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satisfactory that I shall continue to use it from time to time, and hope to see others do so and to have their judgment of it.

* * * * *

The next case I show is a tumor, benign in character, of many years' standing, situated over the sacrum. It is pedunculated, soft, and lobulated. It is a lipoma almost certainly. It has ulcerated, as you see, which gives it the appearance of malignancy. This is due, I take it, to its location and the fact that the patient is none too cleanly. She is suffering from heart disease, as well as a kidney lesion, and on this account I have decided to use spinal anæsthesia. It is the first case that I have had for this method for nearly six months. While I have never had the slightest trouble or inconvenience from its use, it is still my belief, as it was from the first, that it is only justifiable when there is a clear contra-indication to the use of ether and chloroform. Her back having been well prepared, as you see, I will introduce my needle in the fourth lumbar interspace. I ask the patient to bend forward and assume a "scorching position," so that the spines will be separated. The needle is inserted one-third of an inch to the right of the median line, or fourth lumbar spine. It passes at once into the spinal canal, and you see the clear cerebro-spinal fluid escaping. I throw in carefully 15 minims of a sterile 2-per-cent. solution of cocaine. In doing so one should take two minutes. Wait another minute before withdrawing the needle. In this way the cocaine becomes thoroughly mixed with the cerebro-spinal fluid, and its effect is promptly shown. Anæsthesia of all parts below the diaphragm should take place in from ten to fifteen minutes. Usually there is a slight amount of nausea just before the time when the cocaine takes effect. It is temporary, and needs no treatment, as a rule; if at all severe a little ice or brandy soon checks it. In eleven minutes nausea is complained of slightly. I now feel willing to begin cutting, and it was, as you see, without pain to the patient. Not only has she not felt the excision of the growth; she does not, as you see, notice the stitches; and yet, as you are aware, she is a frightfully neurotic person, and would scarcely let me touch her for an examination. I have not seen a more crucial test of spinal anæsthesia than this case gives, inasmuch as she is trying to make herself believe that it is going to hurt her. It is always best to lessen or prevent this "psychic pain" by blind-folding the patient and stopping up the ears with cotton. I shall continue to use spinal anæsthesia in well-selected cases just as I have been doing throughout the past year. I go further, and state that, if I were the victim of both cardiac and renal disease, I would prefer to have it used on me rather than take ether. There has not been a perceptible rise in the pulse-rate in this case; indeed, save the slight nausea, there have been no symptoms at all. I have in two instances seen acceleration of the pulse, some lividity, and other evidences of shock; they soon passed off, however, and caused me no anxiety.

* * * * *

The next and last case is a large tumor of the breast in the wife of a medical man. Through his kindness I am permitted to operate in your presence. She is now about 59 years of age, and, as you see, has an enormous growth on the right breast, which is upon the verge of ulceration. She came to me more than a year ago for consultation, and I then strongly advised an immediate operation; but, fearing that she could not take ether, she has postponed it until now. There are, seemingly, enlarged glands in the axilla, and the mammary gland is evidently adherent to the pectoral muscle. It is not a favorable case for operation, and yet I cannot say that it is inoperable; indeed, I am quite willing to give her the rather slim chance

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Cannula in Position. Urine Passes by Siphonage into Rubber Bag. Drains the Bladder Equally Well in the Recumbent or Erect Posture.

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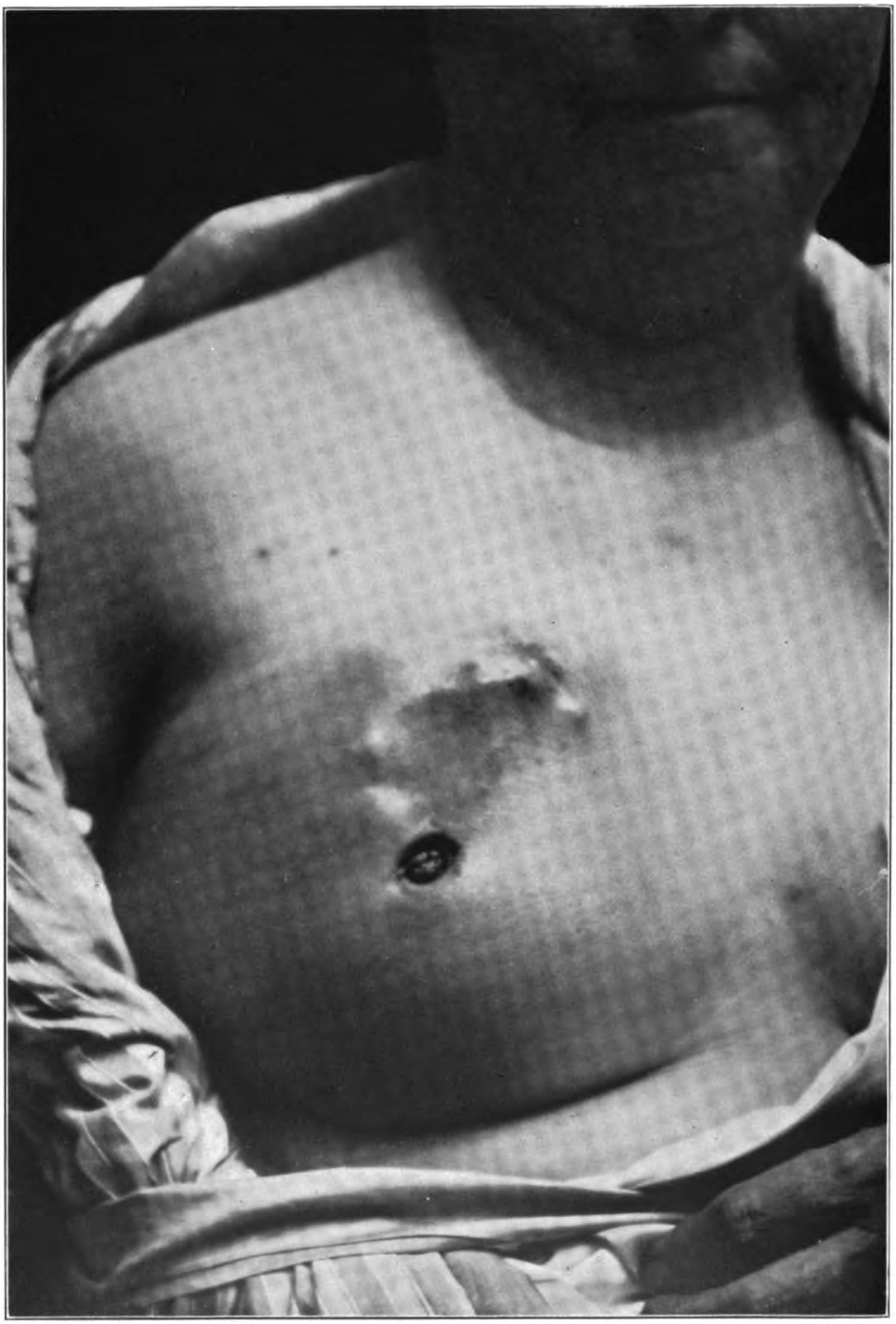

Scirrhus of Mamma. Skin Very Red and About to Ulcerate.
Retraction of Nipple Very Well Marked.

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that surgery offers. I shall do a very complete operation after the method of Halsted as modified by Warren; that is to say, I shall remove gland, muscles, and lymph-nodes *en masse*, just as Halsted does in his operation, but will undertake to close the necessarily large wound made in this case by a plastic operation suggested by Dr. Warren, of Boston. In my three cases previously operated by this method the result was everything to be desired. Large wounds were closed and primary union secured in each. As you see, I make a very free incision, including a large amount of skin, for it is my belief that this is a "*conditio sine qua non*," and we owe this teaching to the friend of many of us here, the late S. W. Gross. More than twenty years ago I heard him insist upon this, and he, even then, had most positive convictions that cancer of the breast could be cured by a timely and rightly done operation. I see at once that the wound left will be very large, and one that may be covered in with difficulty by the method proposed. It is, however, no larger, if so large, than one of the three cases referred to, though I have the disadvantage of operating now in an older person, and one whose resisting power is less than in the case referred to. The husband of this patient, as I have said, is a medical man, and he took comfort in the fact that he could not feel enlarged glands in the axilla. He spoke of this when they came to me a few days ago. I told him then that, while enlarged glands could not be felt very distinctly, he would see when the axilla was opened that they were there unmistakably. I am glad that he is not present to see, as we do, how advanced this growth is, and how infection of all the axillary glands has already occurred. It is not possible, in my judgment, for any man to feel enlarged glands with any accuracy in the axilla of a fleshy person. It is my practice to remove not only all visibly enlarged glands, but every vestige of fat as far up as the clavicle. It is almost as dangerous to leave behind as infected glands.

It is my invariable practice to drain the axilla for twenty-four hours, and for this purpose I prefer a tube. In five years I have but once failed to secure primary union of a breast case. As you will see, I am enabled to bring together the flaps I have made without tension.

The wound is covered with sterile silver-foil and should heal under one dressing. A hole is cut, through which the tube can be reached and removed in twenty-four hours. My cases are nearly always out of the hospital in a fortnight.

* * * * *

I have another case,—one of rectal disease,—and will ask Dr. Laws to say something about it and demonstrate the use of his instrument, which can be used to advantage in this case. I have the pleasure of introducing Dr. Laws, Demonstrator of Surgery in the Medico-Chirurgical College.

GENTLEMEN: This patient gives a history of having severe pain, and with an occasional loss of a small quantity of blood on defecation. She has suffered with this condition for some months; therefore we will take the advantage of this opportunity to make a thorough examination of both the anus and rectum. I will ask the patient to lie upon her left side and to flex her lower limbs. Now, by retracting the buttocks we notice a small tab of skin near the verge of the anus, which looks very much like the so-called "sentinel pile," which very often accompanies an anal fissure; and, by making still firmer traction upon the buttocks, we separate the folds of the anus, and bring into view a longitudinal ulcer, quite short and rather broader at the orifice of the anus than toward the upper end. This ulcer is indurated, and grayish in color, indicating that it has existed for some time.

Under ordinary circumstances the pain would be so great that it would be unjustifiable to make even a digital examina-

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tion with an ulcer of this nature within the grasp of the sphincter-muscle, but, as the patient is under the influence of the subarachnoid injection of cocaine, we will proceed to examine the entire rectum by using the Laws pneumatic procto-sigmoidoscope. The end of the instrument being introduced through the sphincter-muscles, the obturator is removed, the lamp placed in position, and the glass window is tightened. Now, by turning on the electric light and inflating the bowel by the use of the bulb, the tube can be inserted to its full length under the guidance of the eye and without any possibility of doing any damage to the walls of the bowel.

If you gentlemen will kindly step down and look through the glass window of the instrument you will get a comprehensive view of the entire rectum. You will see the rectal folds, the so-called rectal valves, beautifully demonstrated in this case.

The mucous membrane seems to be normal, and, as I fail to detect a lesion of any kind in the ampulla of the rectum, we will conclude that the anal fissure is the cause of all the patient's symptoms, and will proceed to operate, first by snipping off the little "sentinel pile" with the scissors, and then by forcible dilatation of the sphincter-muscles. I believe that stretching of the sphincter-muscles is the most simple, the quickest, and the most satisfactory method of treating anal fissure.

Address.

INTRODUCTORY ADDRESS, MEDICO-CHIRURGICAL COLLEGE, SESSION OF 1901 TO 1902.

By Prof. John C. Heisler, M.D.

Ladies and Gentlemen: It is my privilege, as well as my pleasure, speaking for the Board of Trustees of this College and for its Faculties of Medicine, of Dentistry, and of Pharmacy, to extend to you, our invited guests, a most cordial welcome to this formal opening of another collegiate year. Permit me, also, to express our appreciation of the interest you manifest in the institution by your presence. And to you, the students of the three departments, our welcome is not less heartfelt.

Both those of you who come here for the first time and those who are but resuming their work with us, will, I am sure, be interested in learning of such improvements in our teaching facilities as have been and are being effected. We are glad, too, for the opportunity of acquainting our guests with the progress of the institution. I shall therefore preface my remarks with brief reference to certain improvements in the several departments.

In the addition of new features to the curriculum the governing principle has been to conform to the demands of modern professional education for more and more laboratory training; hence the improvements that have been made consist largely in an increase in the laboratory equipment of the institution.

In the department of dentistry one of the most noteworthy improvements is the addition of a new infirmary, which occupies the second floor of the new building. This is fully equipped with the most modern appliances, including a number of the latest pattern operating-chairs, and affords means for handling a very large clinic. It includes also a special room for the extraction of teeth, which is provided with facilities for using the various anæsthetics that may be required, and which is thoroughly modern in its appointments.

The special equipments for practical instruction in crown- and bridge- work and in porcelain work have been amplified and improved. A feature of the course is the Saturday-afternoon clinics, conducted by visiting specialists in the various branches of dental surgery.

The changes in the departments of chemistry, pathology, anatomy, and physiology

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affect the work of students in the three Schools of the College.

In the department of chemistry entirely new and very complete laboratories will, in a short time, be available. These afford accommodations for one hundred and fifty students working at the same time, and comprise a general lecture-laboratory, a metallurgical laboratory, a laboratory of clinical chemistry, a laboratory of toxicology, and a research laboratory. Supplied with blast and vacuum equipment, with centrifuge equipment, with apparatus for the physical testing of materials, and with storage, weighing, and locker rooms, these laboratories leave nothing to be desired.

In the department of pathology the laboratory accommodations have been increased to such an extent that it will now be possible to give to each student in pathology a total of one hundred and fifty hours of laboratory-work, instead of fifty hours as heretofore, and to each one pursuing the study of bacteriology one hundred and fifty hours instead of twenty-four hours as formerly. This arrangement permits the abandonment of the old system of instruction by didactic lectures, and the teaching in this department will now be by means of conferences and recitations, in addition to the laboratory-work. Suitable research laboratories for post-graduate work have also been provided. The professor of physiology contemplates, in the near future, a very great extension of his laboratory instruction.

In the department of anatomy we shall have at our disposal a new and thoroughly well-appointed laboratory of histology, abundantly provided with proper light, and capable of supplying working space for forty-eight students at a sitting. Our present plans look to the establishing, in the very near future, of a course of practical instruction in embryology.

An improvement that will fill a long and deeply felt want is the new anatomical laboratory. This laboratory will present the advantages of exceptionally good light, of ample size, of thorough provision for cleanliness, and of special rooms for the accommodation of post-graduate students. An adjoining room has been set apart for the care of anatomical specimens and preparations, and it is hoped that, in time, the collection may be of such value and may be so classified as to constitute an important adjunct to the means of instruction.

An equally important addition is the equipment of a refrigerating plant for the preservation of anatomical material.

. Gentlemen, I wish to speak to you for a short time of your student-life, making such reference as may be to your future careers. And if I shall be able to say anything to you that will tend to raise to a higher plane your estimation of your chosen profession, or that will stimulate you to greater effort in preparation for your life-work, I shall feel that I have done you some slight service. What I shall say is intended to apply, not alone to the students of medicine, but to those of dentistry and pharmacy as well, for a dentist is to be no mere artisan, no mere adept in "tooth-carpentry," but a dignified and high-minded professional gentleman and scientific worker. Nor is the pharmacist to be nothing more than a mixer of drugs and a tradesman-like vendor of bric-a-brac, but he, likewise, in his best estate, is a worker in the field of science, and the indispensable ally and coadjutor of the practitioner of medicine. As the horizon of medicine is ever widening, and as its field of usefulness as an elevating social agency is constantly expanding, so are the two sister-professions constantly advancing in dignity and importance.

As you may surmise from what I have already said, I have chosen for my theme to-night "The Ideal Physician," or, to extend the application, "The Ideal Professional Man." I deem this to be appropriate to the present occasion, despite the fact

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that you are not, as yet, physicians, or pharmacists, or dental surgeons, but merely students, qualifying for these respective callings, for as "the boy is father to the man," so the professional student may be said to be father to the full-fledged professional practitioner; or, to put the proposition in another form, the habits of study that you form during your student-life, and the moral and intellectual character you cultivate now, will determine your future social and professional status. We hear much concerning the harmlessness of sowing wild oats in youth, but it is well to remember, in this connection, that "men do not gather grapes of thorns, nor figs of thistles." A sowing of wild oats can, in the very nature of things, yield only a harvest of wild oats.

The text for my remarks you may find in the First Act of the Book of Hamlet: "See thou character." This subject of character, as applied to the professional man, we may consider to be divided, like "All Gaul," into three parts: the social, the intellectual, and the moral aspects of character.

The first of these I shall pass over, with only the reminder that the professional man, and the professional student no less, must be a gentleman in the best sense of that much-abused word.

The intellectual character of the professional man may be briefly expressed by saying that he is to be an educated man, not only in the technical or special sense, but in the broad general sense. While, in other words, he should know everything about some one thing, he should aim to know something of everything.

There exists much diversity of opinion as to the true meaning of the word *education*. Not long ago Professor Butler, of Columbia, proposed five tests of education:—

1. Correctness and precision in the use of the mother-tongue.
2. Those refined and gentle manners which are the expression of fixed habits of thought and of action.
3. The power and habit of reflection.
4. The power of intellectual growth.
5. Efficiency, the power to do.

It is noteworthy that in this enumeration nothing is said of knowledge; but the necessity of knowledge as a prerequisite is implied, for, without knowledge and culture, it would be manifestly impossible for one to measure up to these tests. Education is to be distinguished, therefore, from knowledge, from the mere cramming of the mind with facts, useful and necessary as facts are; it means the *drawing out* or developing of the mental faculties and the training of those faculties to action, the mind being incidentally stored with such knowledge as will tend to more orderly and efficient action.

Since, then, the acquisition of knowledge, although it goes hand in hand with education, is, in a sense, preliminary to it, it behooves the student to give his attention to the acquirement of general knowledge and culture. And what is culture? Matthew Arnold defines culture as "an acquaintance with the best thoughts of the best minds of all ages." The fulfillment of this condition implies a wide range of reading. The definition, however, has one consoling feature: it eliminates a vast deal of present-day fiction, including the modern historical novel.

"Correctness and precision in the use of the mother-tongue," Professor Butler's first point, may appear, at first thought, scarcely an adequate or fair test of education. To those of a utilitarian bent, it may seem a mere elegance, an adornment which, for practical purposes, may be dispensed with. Many educated people, indeed, fall into this way of thinking; men who would consider themselves disgraced if they used a Latin or a French word incorrectly often show a surprising indifference to their English. If you reflect that language is the vehicle of thought, you will appreciate the fact that, if the vehicle be ramshackle and loosely constructed, the thought will be inadequately conveyed or may even be entirely

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lost in the conveying. To change the metaphor, language is the medium of thought just as transparent bodies are media for the transmission of light. The more perfect the medium, in each case, the less does it distract attention from that which it is meant to reveal; but just as imperfections in a transparent medium may distort or obscure the image, so the thought may be distorted by poor expression.

A man's mode of expression becomes, therefore, an index to his method of thought. Nay, more, it is an index also of his general culture and of his moral character. It was Ruskin who said that "The accent or turn of expression of a single sentence will at once mark the scholar," while "A false accent or mistaken syllable is enough to assign to a man a certain degree of inferior standing."

Not only is the right use of words important for the sake of the effect one may wish to produce upon others, but it is equally important for its effect upon one's self, for the habitual use of correct and precise language is an aid, and a great aid, to correctness and precision of thought.

If you were to ask me how you are to gain this end, I should say, first, by reading the best authors, the masters of literature; and, by reading, I mean reading with painstaking care, hunting out in your dictionaries the meanings of all words that are in the least unfamiliar, and hunting out not only the meaning, but the derivation of words, and their history, synonyms, and antonyms. Standing in the foremost rank of good literature is the Bible—I am speaking now of the Bible as literature—which is truly a repository of literary jewels. Next to the Bible I would place Shakespeare. After these two there are hundreds of others worthy of your attention, as Milton, Chaucer, Johnson, Spenser, De Quincy, Macaulay, Scott, Thackeray, George Eliot, etc. An exceedingly interesting, as well as helpful and suggestive, book is Trench's "Study of Words." I beg you will allow me to read a paragraph from John Ruskin bearing upon this subject, because, while applicable to students in general, it is especially so to students beginning the study of medicine and the allied professions: "Now, in order to deal with words rightly, this is the habit you must form: Nearly every word in your language has been first a word of some other language—of Saxon, German, French, Latin, or Greek (not to speak of Eastern and primitive dialects), and many words have been all these: Greek first, Latin next, French or German next, and English last, undergoing a certain change of sense and use on the lips of each nation, but retaining a deep, vital meaning, which all good scholars feel in employing them even at this day. If you do not know the Greek alphabet, learn it; young or old, whoever you may be, if you think of reading seriously, learn your Greek alphabet; then get good dictionaries of all these languages, and, whenever you are in doubt about a word, hunt it down patiently. . . . And the general gain to your character, in power and precision, will be quite incalculable."

One who studies his mother-tongue in this way will learn too much reverence for it to be willing to disfigure it either by a reckless coining of new words or by a heartless mutilation of old ones. It may chance that, in writing for the professional journals, you will find that you have such a wealth of knowledge to impart to a waiting public that the English language will seem to be inadequate for your needs, but a good dictionary may serve to tide you over. Before essaying to modify or to direct the growth of language, which is a living organism with its own peculiar laws of growth and development, one should be very sure of one's position as a literary authority.

"Efficiency, or the power to do," might almost be called the final test of a true education. An education that fails to accomplish this end must be regarded as a purely ornamental acquisition. This is peculiarly

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true of a technical education, such as that of medicine, dentistry, or pharmacy. A German proverb says: "What the goose conceived, the swan achieved." There is much philosophy in this homely proverb. The finest conceptions come to naught without the power of achievement. A goose may have fine conceptions, but it requires a swan to effect their realization. You will not study in a hap-hazard way if you keep steadily in view the aim and end of your study. It is in recognition of the importance of efficiency, of training the faculties to do, that the old didactic lecture system of instruction in our medical colleges is being replaced, to a great extent, by laboratory-work, by ward-class work, and by recitations and conferences. And in this respect the Medico-Chirurgical College is in the van of progress.

To be truly educated is to have also the capacity for intellectual growth, and intellectual growth implies the quality of receptiveness. The mind must be ever open to new impressions. If this is true in a general sense, it is pre-eminently true in a specific sense of the scientific specialist. The man whose intellectual growth ceases upon the acquisition of his diploma will soon be hopelessly antiquated. Rip Van Winkle, M.D., is an anachronism. You will recognize his portrait:—

"He had, in fact, an ancient mildewed air,
A long gray beard, a plenteous lack of hair,
The musty look that always recommends
Your good old doctor to his ailing friends.
Age lends the graces that are sure to please;
Folks want their doctor moldy like their cheese."

This *may* have been; it is not so now. The doctor, or other professional man, may be old, and, in fact, the older, the better, provided the gray matter within his head has kept pace with the gray hairs on the exterior; but whether old or young, he may never be moldy or moss-grown. Mental alertness, intellectual receptiveness, are indispensable in this age of marvelous discovery and wonderful advancement.

The qualities I have thus far referred to are the qualities that bear directly on the individual's claim to public confidence, upon his right to the title of an educated man. But it is not enough that the physician or pharmacist or dental surgeon should be simply a competent practitioner of his art; it is his duty to society to contribute something to the general fund of knowledge, to be a scientific investigator. And what is it to be a scientific investigator? It is to be a searcher after truth. The term, therefore, has a wider application than to mean only the laboratory-worker, for he who seeks and discovers truth in any form and under any circumstances is a scientific investigator. The man who lacks laboratory facilities may at least do his chosen work in a scientific manner, observing closely, noting attentively, interpreting intelligently.

As no man can search successfully for that in which he feels no interest, the scientific investigator must be a lover of truth. He must never undertake work with the purpose of proving a pet theory, but with the determination to seek the truth, leaving theories to be formulated according to the ascertained facts. So may one be saved the absurdity of generalizing from individual instances. The doctor who adheres to this principle will not have infallible remedies for given diseases, based upon an experience of one or two cases.

The love of scientific truth for its own sake and the quality of intellectual receptiveness necessarily imply a degree of intellectual humility, a willingness to sit at the feet of Nature and learn her secrets. This thought was beautifully expressed upon the occasion of the celebration of the fiftieth birthday of the naturalist, Agassiz:—

"It was fifty years ago
In the pleasant month of May,
In the beautiful Pays de Vaud,
A child in its cradle lay.

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"And Nature, the old nurse, took
The child upon her knee,
Saying: 'Here is a story-book,
The Father has written for thee.

"'Come, wander with me,' she said,
'Into regions yet untrod;
And read what is still unread
In the manuscripts of God.'

"And he wandered away and away
With Nature, the dear old nurse,
Who sang to him night and day
The rhymes of the universe.

"And whenever the way seemed long,
Or his heart began to fail,
She would sing a more wonderful song,
Or tell a more marvelous tale."

An exceedingly important quality to one who is searching for truth, whether in the laboratory or elsewhere, is the power of close observation, the importance of which can scarcely be overestimated. This faculty the student may cultivate perhaps in no better way than by making drawings of bones, of pathological specimens, of his dissections, or of any object or group of objects bearing upon his work. However crude the effort may be, and however little artistic ability the student may think he has,—and the less natural artistic ability one has, the greater the need for its cultivation,—the practice will be found exceedingly helpful. The habit that may thus be acquired of accurately observing every detail of form and color and environment will prove of incalculable advantage.

But intellectual and social culture alone are not sufficient. A man's development would be one-sided without the development of his moral nature. A young man can take to heart no more important truth than this: that it is no evidence of intellectual superiority to swagger, to affect a *blasé* attitude as regards old-fashioned morality, or to profess scorn or indifference for those things which the best minds of all ages have held sacred. As Lord Bacon says, "A little philosophy inclineth a man's mind to atheism, but depth in philosophy bringeth men's minds about to religion." Surely one in whom the moral or spiritual element were deficient could scarcely hope to succeed in the profession of medicine, a profession the practice of which calls for daily, hourly sacrifices and for the exercise of the gentlest, kindliest, most unselfish qualities.

Not only must the physician have the capacity for unselfish conduct, but, by a peculiar irony, he must be able to endure, with equanimity, having his most disinterested efforts interpreted as being the very reverse. Although the world expects unselfishness from medical men, probably no profession has been more reviled, or has been made the butt of so much wit,—good, bad, and indifferent,—as that of medicine. Even the best literature abounds in sarcastic flings at the healing art:—

"See one physician like a sculler plies;
The patient lingers, and by inches dies;
But two physicians, like a pair of oars,
Waft him more swiftly to the Stygian shores."

"Physicians, of all men, are most happy: What good success soever they have, the world proclaimeth; and what faults they commit the earth covereth."

One author, with a little more conscience than the rest, says:—

"Physicians mend or end us,
Secundum artem; but, although we sneer
In health, when ill, we call them to attend us,
Without the least propensity to jeer."

It is scarcely necessary for me to designate by name that celebrated personage who is said to quote scripture to suit his own sinister purposes; in like manner his imitators frequently quote, with great unction, the case of the woman mentioned by St. Luke and St. Mark, who "had suffered

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much things of many physicians and spent all that she had and was nothing bettered, but rather grew worse."

In its heart of hearts the general public does, however, recognize and appreciate the spirit of altruism that must ever actuate the true physician. One evidence of this is the great popularity of such literary productions as Will Carleton's "Country Doctor" and Watson's "A Doctor of the Old School." Let me call your attention, in this connection, to a clipping from the Cincinnati Post:—

"When there is light, pure water, pure air, and sanitary sewers in or connected with every school-house in Cincinnati, there will be less sickness—and less business for the doctors. The men who have indorsed the Post's investigation are working earnestly and honestly against their own financial welfare. Why? Because there is not one doctor in a thousand who is not laboring, to a large extent, for the good of humanity. They have ambition to be successful as a spur and also a desire to be of use to the community. They do not work for money alone.

"The cry for universal cleanliness comes from the doctors. They are in favor of every idea, invention, thought, or act that will prevent disease and suffering and add to the physical comfort of the people. There is not a practical move for the physical betterment of mankind that does not find them ready to co-operate and lead when able and strong leaders are needed.

"Above and beyond all that lies the fact that there is little selfishness in the profession. The physicians of Cincinnati, as a body and individually, are working for the health of the people, and it is in many instances a labor of love."

In the summer of 1900 a commission, of which Dr. Walter Reed, of the United States Army, was president, undertook, in Cuba, the experimental study of the causation of yellow fever. Two members of this board, Dr. Jesse W. Lazear and Dr. James Carroll, submitted themselves to the bites of infected mosquitoes. Both gentlemen contracted the disease in severe form, Dr. Carroll afterward recovering, but Dr. Lazear dying after a six days' illness. While it may, perhaps, fairly be questioned whether devotion to science calls for this particular form of self-sacrifice, the willingness of these gentlemen to risk their lives for the good of society indicates the spirit that actuates the profession.

It is a perfectly well-known fact, known by physicians very often to their annoyance and chagrin, that there is scarcely a man or woman, high or low, from street scavenger to lieutenant-general, fish-woman to colonial dame, who has not one or more absolutely unfailing cures for this or that disease. This seems like the very quintessence of busy-bodyism; but I remember that "the greatest of these is charity," and it may be that this all-pervading habit springs from that same spirit of unselfishness, that same universal brother-love, which, we have seen, is the leavening element of the medical profession.

Need it be said, then, that he who aspires to the title of an educated man should be, as Carlyle quotes of Goethe, "learned not only in head, but in heart"? That he should cultivate spirituality as well as intellectuality? Of Voltaire it was said that "he was a questioner and a despiser, not a teacher and a reverencer; a destroyer, not a builder-up; a wit, but not a wise man; the cleverest of all men, but nothing more." This may serve as an example of what it may mean to have head-culture without heart- and soul- culture.

Moral integrity. That this word *integrity*—primarily *wholeness, entireness*—should be used, by common consent, to denote a state of moral rectitude is proof of men's belief that the condition of moral rectitude is the normal condition of man; that anything short of this carries with it the idea of abnormality, of incompleteness.

Gentlemen, as an example of symmetrical

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manhood, of a personality combining a high order of intellectuality with those gentle and gracious qualities which singularly endeared him to all within his sphere of influence, and with a moral integrity that was unimpeachable, the character of William McKinley merits your earnest attention and your emulation. A fanatic criminal directs his weapon against the person of a sovereign people's chosen representative, and lo! a nation — nay, the civilized world — is plunged into deepest grief! In unprecedented fashion, testimonials of sorrow and of love come from the four corners of the earth. We see this man, at one moment in the full strength and dignity of well-seasoned manhood, surrounded by thousands of his admiring fellow-countrymen; supremely happy in his domestic life, touched, though it had been, by a great sorrow whose shadow was ever over him; happy, too, in the anticipated solution of the great problems which time and circumstance had set before him: the next moment, laid low by the act of an assassin, striking with "causeless hate"; brought face to face with death and all that death means of frustrated plans, of blighted hopes, of broken ties. And in this hour of trial, how does he bear himself? Is there any note of repining at that "mystery of blind, remorseless fate"? Is there any exhibition of resentment against the worthless wretch, who had betrayed him, Judas-like, with a friendly greeting? The world is familiar with those first words, words of tender solicitude for her who, for years, had claimed and received his chivalrous devotion; and with the effort, almost divine in its magnanimity, to shield his murderer; as well as with his unselfish thought for the institution whose program he had so unwittingly interrupted. The world knows, too, how, in the final hour, with the death-dews upon his brow, with his last farewell to earth upon his lips, he was still able to say: "His will be done."

Could this have been the death of a merely clever man? Could the qualities of head and heart shown here have been the outgrowth of the occasion? Or could they have developed in a day or a year? There can be but one answer. Character such as this could only result from a life-time of pure thought, of clean living, of high purpose, and of unselfish endeavor. All his life he had been character-building, and when the supreme hour came, as so fitly said by the London Times, "He died as he had lived, with simple manly courage and unaffected piety which mark the best men of his race."

"His life was gentle; and the elements
So mixed in him that Nature might stand up
And say to all the world: *This was a man*!"

And this man, judged by the way he lived his life no less than by the way he left it, may well be regarded as an inspiring example of one of the best types of simple manhood.

Surely, then, Gentlemen, moral character is to be placed above social adornments and intellectual attainments, important as these are.

In order to do well anything that is worth the doing; to succeed in one's life-work, whatever that may be; to make the best of one's talents, be they great or small; and to leave the world a little better for having lived in it: to do these things, one must have high ideals. "Hitch your wagon to a star," said Emerson, and, Gentlemen, the Star that is above all other stars the most constant and the most brilliant, that has attracted and directed and illumined mankind for ages past, and that will endure throughout the ages to come, is the Star of Bethlehem.

Dr. Herman Marcus.—Dr. Marcus announces his removal from 1719 Pacific Avenue to 1301 Pacific Avenue, Atlantic City, N. J.

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Original Communication.

THE THERAPY OF PHYTOLACCA DECANDRA.

By John V. Shoemaker, M.D., LL.D.,
PHILADELPHIA.

Although poke-root is possessed of decided and valuable properties, yet it would appear not to be in general use if one may judge from the paucity of reference to it in periodical literature. But few papers have been published upon the subject during the last twenty years, and these relate principally to the chemistry and toxicology of the plant or allied species. That it contains poisonous principles every country-boy knows. The young shoots are, nevertheless, an esteemed article of diet.

In overdoses poke-root produces vomiting, purging, depressed action of the heart, vertigo, and somnolence. Its active principle has not yet been identified. In addition to its formerly known constituents a body recently obtained from the root is endowed with characters which seem to ally it to saponin. The physiological effects are, in fact, probably due to the co-operation of several components. The preferable preparations are the fluid extract and tincture. The dose of each ranges from 5 minims to a fluidrachm. It should not be given in quantities sufficient to produce nausea, as its action in this respect is attended by too much depression. It is an undesirable remedy as an emetic. In smaller amounts it is an excellent alterative in certain constitutional maladies. It is beneficial in acute inflammation of the integument, and manifests an elective influence upon glandular structures.

One of its most marked advantages is in the treatment of puerperal mastitis. This painful and distressing complication is decidedly ameliorated by the combined internal and external use of phytolacca. If given at an early period it induces prompt resolution. Out of many cases in which I have directed its use I might here refer to that of a woman who, eight days after delivery, was attacked by a severe chill, followed by high fever, with abundant perspiration, vomiting, and depression. Both breasts, but particularly the right, were hard, knotted, and painful. The integument in these regions was red. The affected parts were immediately covered with a lotion composed of an infusion made from the poke, combined with lime-water and distilled witch-hazel. I have found this to be an admirable application in severe acute inflammatory conditions of the skin and subcutaneous tissues. The remedy was also administered by the mouth, at first in minute doses on account of the sensitiveness of the stomach, increasing as toleration was established until the patient was able to retain 20 minims every third hour. The result in this case, which began with such ominous severity, was all that could be desired. Upon the second day there was perceptible improvement. There had been no repetition of the chill. The fever and pulse were reduced. The skin was moist, but not perspiring. The breasts were less tender. The following day witnessed continued progress in the right direction. The temperature had descended nearly to the normal figure. The woman had slept well during the night. The swelling had lessened, and pain was much less marked. On the fourth day the constitutional manifestations had completely vanished and the breasts gave little trouble. The babe was nursing with satisfaction. The further course of the case was without incident.

Another case which may be briefly cited in this connection was that of an unmarried and non-pregnant young woman who had suffered from pain in the left breast for about a week, especially when the corresponding arm was used much in house-

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work. Both breasts exhibited areas of hard infiltration around the lacteal ducts. The catamenia were present at the time. As there had been no disturbance of the stomach in this case it was possible to begin with larger doses. Thirty minims of the fluid extract were given thrice daily, and, for the sake of convenience, the remedy was used locally in the form of an ointment, freshly powdered root being incorporated in a suitable excipient. According to the nature of different cases, I have had the drug rubbed up with lard, lanolin, oxide-of-zinc ointment, cerate of lead subacetate, resin ointment, etc.

Engorgement and inflammation of lymphatic glands are likewise amenable to the influence of phytolacca. It is doubly serviceable in the sluggish, but destructive, glandular involvements of scrofula by reason of its alterative virtues. In such cases I have frequently observed exceedingly happy results from the combined topical and systemic use of this remedy. I could cite many instances in illustration of this statement, but a few brief allusions may suffice. A girl, 10 years of age, exhibited a chain of enlarged glands along the right side of the neck. They had been slowly increasing in size since, seven weeks previously, they had first been noticed. They were somewhat sensitive to pressure. The overlying skin was slightly reddened. The child was plump and apparently well nourished, but had defective teeth, with that delicate blonde skin, tumid lip, and reddened eyelids which so often accompany and evidence the scrofulous constitution. She was placed upon 5 minims of the fluid extract of phytolacca three times a day, and an ointment containing a small proportion of the powdered root was applied to the neck. Within a few days the glands began to diminish slowly in size, and by the end of the third week they had returned to their normal dimensions.

A man of robust build, 37 years of age, had, nevertheless, presented undoubted local and constitutional signs of scrofula a year previously; the glands of the left side of the neck had been the seat of chronic inflammation, had degenerated and suppurated. A number of scars existed, but there were still some spots of discharge. Gradual healing took place in this case also under substantially the same treatment. Suppuration ceased and the ravages of the disease were repaired by sound cicatrices.

A third and bad case was that of a girl, aged 15, who had been subject to cervical enlargements for two years. Many glands had broken down, and some had been opened by the knife. The probe, however, passed from one opening to another, and the bottom of the sinuses was lined with cheesy matter. Other glands on both sides of the neck displayed different stages of the degenerative process. As further intervention was refused, an alterative mixture containing poke-root was prescribed, and under this purely medical treatment the girl slowly improved until finally all the sinuses and fistulas closed and the disease was suppressed, leaving, necessarily, unsightly cicatrices to mark the site of its former activity.

I have also at times employed the same method of treatment with success to cold abscesses of the skin and other forms of scrofulous disease of the integument. In acute cutaneous abscesses, furuncles, and even carbuncles I have witnessed improvement follow the continued local and internal use of phytolacca. The fluid extract has been applied topically for the purpose of allaying the inflammatory action of a bubo.

This remedy is beneficial in seborrhœa. Its influence upon this variety of glands has been sufficient to restore a healthy type of nutrition and terminate diseased action. In acne likewise improvement may often be effected by the administration of poke-root. In these disorders I have frequently combined it with hoang-

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nan, which also has a special influence upon the sebaceous glands.

I have mentioned the value of phytolacca in violent inflammation. For this reason, combined, as I have intimated, with lime-water and witch-hazel, it is of advantage as an external application in acute eczema, the fluid extract or tincture being given at the same time by the mouth. As an example of its merits I will only refer, among many others which I might adduce, to one case of typical acute vesicular eczema. The patient was a man afflicted with a very extensive eruption. Beginning on the scalp, it had spread to the face, neck, trunk, and extremities until there was scarcely a portion of the body entirely free from the disease. There was intense itching and burning. Different stages of development could be seen on different regions of the surface. The primary lesions were small vesicles filled with a pearly-white fluid and seated upon an erythematous base. The rupture of vesicles resulted in crusts of variable size and thickness. After the removal of crusts by baths, poultices, or hot water the surface was freely mopped with the lotion indicated, and, as the stomach was entirely tolerant, the man was ordered 30 minims of the fluid extract of the phytolacca. On the second day of this course some betterment was already visible; on the fourth day the change was more decided, and from this time onward there was no recurrence of erythema, vesicles, or crusts; the eruption gradually faded until the skin was smooth and had assumed the hue of health. I have observed similar effects, moreover, in cases of dermatitis and cellulitis. It proved efficacious in a case of cellulitis and angioleucitis of the right forearm due doubtless to some infection, although the patient could not recall having suffered any injury. External and internal means were conjointly used. In association with other measures it has seemed, externally employed, to accelerate recovery in erysipelas. In simple erythema this medicament has answered an excellent purpose. It has likewise proved of avail in herpes, sycosis, the more superficial grades of burns, favus, varicose veins, and ulcers.

It is not only, however, in acute eczema and other eruptions that phytolacca has manifested its virtues. Its constitutional influence is of value in causing the cessation of chronic eczema. In that painful variety attended by much infiltration and stiffening of the integument with resultant fissures phytolacca has shown itself a welcome assistant. I arrange the dose in accordance with the toleration of the stomach, ascending or descending in obedience to the circumstances of each individual case. Fissured eczema is most apt to occur where the skin is naturally thickest and most liable to movement: pre-eminently, therefore, upon the palms and soles. In the latter situation it may entirely incapacitate a person.

The glands of the mucous membrane, when inflamed, are also beneficially influenced by phytolacca, and in tonsillitis this is a remedy which should not be allowed to fall into disuse. It is efficacious in pharyngitis and tonsillitis of all forms. I might quote many such cases in which I had employed poke-root with manifest advantage. Dr. F. R. Millard, of San Diego, Cal., the author of a practical paper on some of the uses of phytolacca decandra (Medical and Surgical Reporter, October 3, 1896, page 425) points out that it has the extremely desirable power of preventing the recurrence of attacks.

Phytolacca has an undoubted, although restricted, sphere of usefulness in syphilis. There occur, from time to time, cases of tertiary disease which are rebellious, at least temporarily, to the usual mixed treatment of a mercurial and iodide. In this contingency it is well that there are certain vegetable alteratives to which we may turn as substitutes for the general routine. Among these phytolacca is to be classed.

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After our patient has been kept under its power for a period we can revert with fresh advantage to the mineral remedies, which are undoubtedly our main reliance. The system, in some instances, responds more favorably to such an alternation than to a monotonous persistence in the ordinary methods. A vegetable combination which I occasionally employ with advantage in late syphilis includes poke-root, burdock, prickly-ash, and stillingia. Thus, for instance, I may refer briefly to the case of a man who suffered from tubercular syphilis upon the thighs and abdomen. Some of the lesions were ulcerated. Upon other parts of the body cicatrices marked the former presence of similar lesions. The general health was profoundly affected. The patient was emaciated, had lost strength, and his stomach was intolerant. He was invariably sickened by the iodide mixture. At this juncture he was placed upon the vegetable combination. This had a corrective and tonic effect upon his digestive capacity. He began to eat a little more, with more relish and to more advantage. His general condition improved, and with this amendment came a change for the better in the local lesions. He was kept for three weeks on this treatment, the benefit of which was conspicuous. At the end of that interval he was so much stronger that it was thought he might resume the mineral treatment. At his urgent request, however, I continued the mixture, which he said "had done him so much good," and there was no relapse during the period he remained under observation.

Another case of tertiary syphilis in which, for similar reasons to those which actuated me in the foregoing, I made use of the phytolacca mixture as a temporary expedient concerned a man who had for years been troubled by a succession of tubercles which proceeded to ulceration and which were obviously of syphilitic origin. There was no history, but the accuracy of the diagnosis was justified by the results of the medication. A third was that of a woman upon whose hip was a broken-down gumma. On account of her miserable cachexia it was judged expedient to administer the mixture of vegetable remedies to which I have made reference. I will cite but one more example of the efficacy of this compound in late syphilis. An elderly woman was afflicted with syphilitic nodes upon the shin-bones, painful at night, and periosteal pains in the clavicles, humeri, and bones of the skull. The roof of the mouth was also involved. The response to this method of management was satisfactory.

Rheumatism, more particularly of the chronic variety, is not infrequently ameliorated by the administration of phytolacca or a compound into which it enters as a constituent. We all have experienced the difficulty which attends the treatment of such cases. It is often necessary to try one remedy after another in this stubborn complaint. In surveying all the resources at our command, therefore, it is well that we should not lose sight of phytolacca. I could quote many histories in corroboration of this statement, but will simply speak here of an aged farmer who was frequently assailed in the autumn and winter by rheumatic pain in joints or muscles. This person was much gratified by the relief afforded him by poke-root.

Some physicians have advocated the employment of phytolacca in those cases of cancer unamenable to surgical methods or in which intervention is not permitted. All know that there are, unfortunately, many such cases. If any drug has the power of retarding the progress of this justly dreaded malady the fact should assuredly be published to the medical world and it should receive a fair and extended trial by the profession. Dr. Millard in his paper mentions several cases which possessed the clinical features of epithelioma or scirrhus and which had been so pro-

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nounced by reputable practitioners, but which, under the use of poke-root, survived for a space varying from five to more than ten years. Such statements merit further investigation. Without expressing any definite opinion relative to the value of phytolacca in cancer, I have no hesitation in recommending its virtues in the diseases and conditions to which I have called your attention. I would urge members of the medical profession in general to give to phytolacca a more careful study than it has perhaps received.

Abstracts.

A Case of Fatal Vomiting.

At a meeting of the Society of Obstetrics, Gynæcology, and Pædiatrics, held at Paris, MM. Champetier de Ribes and Bouffe de Saint-Blaise reported the case of a woman, 31 years of age, a multipara, who, when brought to the Maternity of the Hôtel-Dieu, had not been able to retain food for fifteen days. She was about six months advanced in pregnancy. The pulse was 100. She remained but a few days in the hospital, and only returned for a premature accouchement. Her condition was most serious. Her aspect was typhoid, and the urine was full of albumin. She became comatose and died seventeen hours after delivery. At the autopsy parenchymatous nephritis was found, but the most important lesions were present in the liver, which was the seat of hæmorrhages precisely similar to those met with in grave cases of eclampsia. The case shows conclusively the hepato-toxæmic origin of incoercible vomiting.—Le Bulletin Médical.

Adenoma of the Tongue.

M. Viannay exhibited to the Society of Medical Sciences of Lyons a patient in the service of M. Gangolphe. Three years previously the man had been operated upon for a tumor of the left side of the tongue. Suspected glands were also removed. There had been no histological examination. On February 1, 1901, the man reentered the hospital. The growth had returned and was the size of a large horse-chestnut and of firm consistence. There were no enlarged glands. The tumor was excised, and microscopical examination showed it to be an adenoma.—Revue Hebdomadaire de Laryngologie, etc.

Nephritis in Acute Articular Rheumatism.

From a study of 420 cases of acute articular rheumatism Dr. Rosenthal states that in 15 per cent. of the cases there was present during the acute stage albuminuria, varying in degree within wide limits from the merest trace to cases showing a proportion of several grammes to the liter. This albuminuria occurred especially in adult males. It was never observed in children less than ten years of age. The nephritis generally begins several days after the rheumatic manifestations have been in existence. It may, however, though rarely, display itself before the advent of any sign of articular disease, and, on the contrary, may not develop until convalescence has been established. Its duration is generally short. In most cases it lasts no longer than a week. In 37 per cent. of the cases casts were found. These were usually of the hyaline variety and varied greatly in number. In exceptional instances there was hæmaturia, due to actual hæmorrhagic nephritis.

Rheumatic nephritis is habitually latent, and gives rise to no subjective symptom. It seems to have no relation to the angina of the beginning or to the eventual cardiac complications any more than to the intensity of the articular involvement. On the other hand, it appears to be related to the degree of the fever, in this sense, at least, that it is particularly frequent in

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hyperpyrexia. The coincidence of high fever and albuminuria is an evidence of the gravity of the infection. Ordinarily the albuminuria disappears without leaving any trace. It is only in exceptional cases that it assumes a chronic course, to terminate finally in renal atrophy. The author dissents from the view that sodium salicylate produces ill effects upon the kidneys, and regards this apparent action as due to the presence of an unsuspected rheumatic nephritis. He does not hesitate to administer the salicylate even when albuminuria is present, but in such cases he associates with it a milk diet.—La Tribune Médicale.

Phantom Tumors of the Abdomen in Children.

At the Eleventh Congress of French Alienists and Neurologists M. Justin Lemaitre, of Limoges, referred to the rarity of such tumors in children, and cited a case. The patient was a 13-year-old girl who, when driving cows, was squeezed against a tree, receiving injuries in the epigastric region. She was rendered unconscious. From that time she complained of pain in the epigastrium, and at the end of three months a tumor appeared in that situation. Different methods of treatment instituted were without result, and the patient was brought to the speaker. There was a tumor the size of a child's head, raising the xiphoid appendix, dull above and tympanitic below. The digestion of solid food was impossible. The speaker thought of a traumatic or hydatid cyst, and decided to operate. The patient was placed under chloroform and the tumor disappeared. It was supposed that the swelling might be a pediculated cyst which had slipped down into the abdominal cavity. The abdomen was opened and nothing abnormal was found. The tumor was gaseous, originating within the bowel, and had attained sufficient size to raise the liver.

The active factors in cases of the kind are the unstriped muscular fibers of the intestine, which contract at the two extremities of a segment of the gut and inclose the gas. The quantity of the latter is all the more considerable in that there is usually pre-existent digestive trouble and that the subject is hysterical. Contraction of muscles of the abdomen may also assist in producing the tumors in question.—Le Bulletin Médical.

Leprosy of the Upper Air-passages.

Dr. P. H. Gerber, having had the opportunity of examining a number of leprous patients, believes himself justified in formulating the following conclusions:—

1. Healthy upper air-passages of leprous patients contain no bacilli. They are found, however, in the crusts of simple, dry rhinitis.

2. When attacked by the disease, the upper respiratory tract breeds the bacilli in such numbers that all other existing foci subside into altogether secondary importance.

3. The nose furnishes the greatest quantity. Its angles and passages constitute their best receptacle and its secretion their best culture-medium.

4. The bacilli diminish in number in proportion as the distance from the nasal cavity toward the deeper air-passages. None are found below the second ring of the trachea.

5. Bacilli exist in the moist or dry secretion for weeks and months. If their staining capacity is an indication of their vitality, the latter must undoubtedly be of an extreme tenacity.

6. It follows that handkerchiefs or, in general, whatever has come in contact with the nasal mucus serve as the particular means of propagating the contagion. It has been observed that washer-women furnish a large contingent to the ranks of the leprous. The fact that leprosy occurs most frequently among those who live

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along the coast or rivers is probably to be ascribed to climatic peculiarities and predisposition to disease of mucous membranes occasioned by the consumption of fish.

7. If the nose is the point of departure for leprosy of the face and upper air-passages in cases where other localities are affected the nose may be entirely healthy. Thus the nasal septum, which, as is known, retains trace of the slightest ulceration, may present a normal aspect in those who have for years been the victims of leprosy.

As regards prophylaxis, the following points seem to be generally admitted:—

(*a*) Leprosy of the upper air-passages merits the closest attention, and should be combated by an appropriate and energetic local treatment.

(*b*) The special object of treatment should be the destruction of the nasal and pharyngeal secretions, which are the principal agents in transmitting the disease. The nasal secretion, particularly, plays the same part in leprosy as the sputum in tuberculosis, with this difference: that the bacilli inclosed by the former are infinitely more abundant and more resistant.

(*c*) Among other agents of transmission the linen deserves particular mention. The leprous should not use the same handkerchief twice or have their clothing washed with that of healthy persons.—Revue Hebdomadaire de Laryngologie, etc.

Hæmorrhage from the Internal Carotid Consecutive to Cholesteatoma.

Dr. Heine has reported the case of a woman, 56 years of age, who had had since childhood a fistula behind the right ear. She had been operated upon a year previously in the clinic of M. Lucae on account of cholesteatoma. This was the size of a nut, occupied the mastoid process and tympanum, and sent a prolongation across the enlarged fenestrum ovale into the vestibule. There was considerable loss of substance in the anterior branch of the horizontal semicircular canal. On cleaning out and tamponing the vestibule a flow of cerebro-spinal fluid was seen. Six months later a second operation was done on account of return of the cholesteatoma and formation of a sequestrum in the middle ear. There was destruction of the greater part of the anterior wall and the anterior part of the inferior wall. Curettage of what remained of the anterior wall exposed the carotid. Four days after the operation, at the second dressing, there occurred a severe hæmorrhage, which was completely arrested at the second day under the influence of the tampon. Three weeks subsequently there was an extremely abundant hæmorrhage, which was arrested, indeed, by the same method, but which, on account of imprudent movements of the patient, recurred twice during the succeeding days. It was only by adjusting the tampon in such a manner as to make constant compression that the hæmorrhage was checked. Hypopyon of the right eye, perforating the cornea, developed. Five days after arrest of the hæmorrhage the patient died of septicæmia, which the author believed to be caused by gangrene of the wound and adjacent tissue following the compression.

At the autopsy there was found beginning profuse purulent leptomeningitis of the right occipital lobe. In the cortex were several abscesses varying from the size of a pea to that of a nut. In the substance of the same lobe was a small abscess. There was a sequestrum of the posterior surface of the petrous bone behind the internal auditory canal. The auditory and facial nerves were destroyed. There was suppuration of the cochlea. The posterior wall of the carotid was very much thickened, and had suffered a loss of substance the size of a lentil, immediately below where it bends to enter the petrous portion of the temporal bone. The jugular was intact.

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During life it had been supposed that the hæmorrhage proceeded from the jugular by reason of its arrest by tamponing, its dark color and continuous flow without pulsation, and because compression of the carotid, practiced during the first hæmorrhage, was without effect. The peculiar character of the hæmorrhage was due to the thickening of the walls and contraction in the caliber of the vessel. Even had the true source been recognized, ligation of the artery would have been without result, and a compress would still have been necessary. Ligation would not have prevented gangrene of the wound.—Revue Hebdomadaire de Laryngologie, etc.

Therapeutic Notes.

New Local Remedial Agent of Great Value in the Treatment of Rheumatic Arthritis.

Dr. Ellsworth S. Ellis, of Manistee, Mich., writes:—

I desire to report a therapeutic use of "suprarenal liquid with chloretone," which I stumbled upon. Some months ago I had in charge a severe case of acute articular rheumatism. The pain in one or two of the large joints was very severe, and proved intractable to all local applications, until I made trial of this combination. In less than ten minutes after applying it the pain was wholly relieved, the relief lasting about eight hours, when another application was required. The joints improved rapidly, the hyperæmia being noticeably diminished after the first treatment. Prompt relief of pain was effected by each application, and my patient was kept in complete comfort. From the first he had been under vigorous antirheumatic treatment, and at the time I began the external use of this remedy he was getting 520 grains of salicin daily.

My experience in this case leads me to believe that we have in this combination an agent of great value in the local treatment of inflammation. So far as I know, my observation of its effects upon cutaneous surfaces is original, all the literature that I have seen referring to its use upon mucous surfaces. I trust that this communication may lead other practitioners to give it a trial in indicated cases.

Asthma.

℞ Decoct. polygalæ, ℥iij.
Tr. lobeliæ,
Tr. opii camph., of each, ℥vi ¼.
Potass. iodid., ℥ij.

M. Sig.: Two tablespoonfuls daily.—Le Progrès Médical.

Lecithin.

At the Eleventh Congress of Alienists and Neurologists of France, M. Hartenberg, of Paris, stated that for three years he had experimented with this medicament, which he employed by hypodermic injection, dissolved in artificial serum, 20 grammes of lecithin to 100 of serum.

His cases were 24 in number, of various affections. In all cases he obtained a more or less permanent amelioration. Out of 8 cases of neurasthenia, there were 5 cures and 3 improvements. Out of 6 of hysteria, 5 were cured and 1 relieved.

The effect produced by the lecithin appeared to relate to the general condition. It is not a specific to the nervous system. In whatever dose employed, and he has given as much as a gramme (15 grains), it is free from inconveniences.—Le Bulletin Médical.

MM. Claude and Aly Zaky have studied the influence of lecithin clinically and experimentally in tuberculosis. In man, as in animals, lecithin does not suppress tuberculosis, but very favorably modifies the nutrition of the consumptive. The weight augments, nutritive changes are more active, and the elimination of phos-

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phorus diminishes considerably. Lecithin is therefore a valuable adjuvant in the treatment of tuberculosis.—Le Progrès Médical.

Hæmophilia in Children.

A formula of Cadet de Gassicourt's, quoted in Le Progrès Médical, is:—

℞ Infus. rosæ gall., ℥iij.
Syr. rosæ,
Syr. catechu, of each, ℥j.
Ext. krameriæ, ℥ss.
Aq. Rabellii, gtt. xv.
Pulv. aluminis, ℥iss.

M. [Aqua Rabellii, or Eau de Rabel, is a mixture of 1 part of concentrated sulphuric acid and 3 parts of alcohol.—Editor Medical Bulletin.]

Pulmonary Tuberculosis.

Le Progrès Médical cites from Déléarde:—

℞ Tr. iodi, ♏v.
Potass. iodid., ℥ss.
Glycerini, ♏x.
Syr. aurant. cort., ♏xiiss.
Aquæ, q. s. ad Oi ³/₄.

M. Sig.: Tablespoonful twice daily (before the principal meals).

Pruritus Ani.

The following gives great service in relieving the troublesome itching:—

℞ Alumnol, gr. xxx.
Pulv. camphoræ, ♏iss.
Lanolini, q. s. ad ℥j.

M. Sig.: Apply locally night and morning.—Journal of the American Medical Association.

Fissured Nipples.

Fissure of the nipple has been very successfully treated by many physicians with orthoform. A few drops of a saturated solution of orthoform in 80-per-cent. alcohol is applied directly to the crack, and a dry compress is then placed above.—Journal of Medicine and Science.

Agurin, a New Diuretic.

This is a combination of theobromine and sodium acetate. It is recommended by Destrée as the best combination of theobromine, being non-irritating, very soluble in water, and acting in small doses. He found it to have a good diuretic effect in doses as small as 4 grains, the effect lasting for some time after the discontinuance of the remedy.—Merck's Archives.

Chordee.

The following is recommended for the relief of chordee, by Dalton:—

℞ Liq. morph. hydrochlor., *m*xv.
Cocainæ hydrochlor., gr. ss.
Aq. destill., q. s. ad ♏ij.

M. Sig.: Inject into the urethra and hold five minutes, just before retiring.

He states that the bowels must be kept freely open by giving a cathartic pill every third day during the acute stage and avoid saline purgatives. The urine should be kept alkaline by potassium bicarbonate and acetate, combined with the tincture of hyoscyamus.—Journal of the American Medical Association.

Ileus and Atropine.

Aronheim's patient was a man of 51 who suddenly over night developed intense pain in the left hypogastrium. In the succeeding days symptoms of intestinal obstruction developed, and did not yield to the usual measures; accordingly, $^1/_{20}$ grain of atropine sulphate was given subcutaneously to the left of the umbilicus. One hour later there was much less pain, and general subjective improvement; before the next visit the patient passed an enormous amount of semisolid, extremely-fœtid fæcal matter, after which he made

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an uninterrupted recovery. The only symptoms of poisoning were dryness of the throat and dilatation of one pupil.—Medical Record.

Dysentery.

Dr. C. J. March, of Fordyce, Ark., writes, in the Therapeutic Gazette, that in acute catarrhal dysentery no other remedy or combination of remedies has given him the satisfaction which he has obtained from:—

℞ Acid. sulph. arom., f℥ss.
Tinct. opii deodorat., f℥ss.
Magnes. sulph. (sat. sol.), ℥ij.

M. Sig.: Shake, and give teaspoonful in water every three hours.

This treatment should be commenced as early in the case as possible and continued until the bloody and mucous stools have changed to liquid, or ordinary fæcal discharges, which will usually be the case in from twenty-four to forty-eight hours.

Erysipelas.

In erysipelas and traumatic inflammations Dr. J. Bryce Sloan, of Detroit, says, in Merck's Archives, that he has derived excellent results from an application consisting of:—

℞ Tinct. opium, 3iv.
Fld. ext. aconite, 3ij.
Ext. belladonna, 3iv.
Fld. ext. veratrum viride, 3iij.
Ichthyol, to make ℥iv.

Apply every three hours.

Ozæna.

Dr. Sidlo claimed to have cured many cases of ozæna by daily washing out the nasal cavities with a 2-per-cent. solution of chloride of potassium to which 10 per cent. of glycerin had been added. This is followed by inserting rolls of cotton soaked in a mixture of 1 part of glycerin and 3 parts of water, the tampons to remain in place for one hour.—Journal of Medicine and Science.

Prostatic Hypertrophy.

A formula quoted from Guitéras by the Medical Record is:—

℞ Tinct. belladonnæ, *m*viiss.
Potassii acetatis, gr. xv.
Aquæ menthæ pip., q. s. ad 3j.

M. Sig.: This dose t. i. d.

Suppurative Otitis Media Treated with Formalin.

N. G. Ward has obtained the best results in the treatment of suppurative middle-ear disease with formalin. The ear is thoroughly cleansed, and if the pus is not discharging and is abundant an incision is made in the drum at the postero-inferior quadrant. After cleansing, an aqueous solution of formalin, 5 drops to the ounce, is instilled. As a cleansing solution, lysol, 15 to 30 drops in half a glass of warm water, is used with a soft-rubber pus-syringe. When the discharge no longer blocks the canal all syringing is stopped. In those cases not requiring syringing, and also ten minutes after syringing in those that do, the patient is directed to lie down on the opposite side, and 5 to 10 drops of the formalin solution, slightly warmed, is poured into the ear. The patient remains in this position to allow the fluid to penetrate and reach the tympanum. This is repeated night and morning. In acute cases 1 to 3 drops of formalin to the ounce is sufficient; in chronic and obstinate cases alcohol is added, as follows:—

℞ Formalin, gtt. v.
Alcohol, 3ij.
Water, q. s. ad ℥j.

Dr. Ward has treated forty cases by this method. In thirty-five cases the discharge ceased entirely in from three to fifteen days, the average being a week. There was improvement in the other cases, though no cessation of discharge. In two of them there was necrosis of bone.—Medical Standard.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
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GENERALIZED POLYNEURITIS AND DOUBLE FACIAL PARALYSIS, PROBABLY OF GONORRHŒAL ORIGIN.

Our conceptions of gonorrhœa have of late years been vastly extended. The sagacious suggestion of Noeggerath—which long lay dormant, neglected, or disputed—was at length fully vindicated by the later school of operative gynæcologists. More remote consequences of the virus have also been discovered, and have shown conclusively that in certain instances the infection may become generalized and attack, by way of the circulation, the most distant and important organs. Examples of such unfortunate occurrences have from time to time been published in the pages of The Medical Bulletin, and some of such cases have even proceeded to a fatal termination. The latest contribution to the literature of this important subject to come within our notice is a clinical lecture at the Salpêtrière, of Paris, by Prof. F. Raymond, found in an issue of one of our esteemed French exchanges, Le Progrès Médical.[1]

In our day we have the important advantage that, whereas the doctrine of Noeggerath was but ingenious surmise, based upon purely clinical evidence, we have now at our command the absolute physical demonstration of the presence of the gonococcus. The heart, the aorta, pleura, peritoneum, spinal cord, and cerebrum are among the organs which have been attacked by this micro-organism. Gonorrhœa is now reckoned among the infections which are occasionally productive of multiple neuritis. Cases of the kind have been reported by Russian observers. Prior to these publications, indeed, the illustrious Professor Fournier had mentioned sciatica in the list of possible complications of gonorrhœa. Lesser has described a case complicated with epididymitis and sciatica. Professor Naunyn observed an instance of neuritis dependent upon the same cause.

The case exhibited by Professor Raymond was that of a man, 30 years of age, who, seven months before his entrance to the hospital, had contracted gonorrhœa for the second time. The acute period lasted six weeks. A little more than five months from the inception of this second attack he began to experience nervous manifestations. There was numbness with tingling in the lower limbs, without fever or pain in the back, but with anorexia and vomiting. The numbness progressed during the succeeding days, and the lower extremities became the seat of a motor paresis which rapidly grew worse, and within a few days of its appearance the patient fell in the street. He returned home with difficulty and took to his bed, where he remained for a week and a half. During this interval the numbness and loss of power invaded the upper extremities, and finally reached the face. At this time he was totally unable to move his limbs in bed. There was cutaneous and deep hyperæsthesia in the thighs and legs. The muscles of the trunk were also enfeebled. The upper limbs were likewise weak, and the seat of numbness. There was tingling of the hands, with cutaneous hyperæsthesia. He soon afterward presented symptoms of congestion or inflammation of the lungs. When, a month later, he came under the care of Professor Raymond he was some-

[1] "Sur un cas de polynévrite généralisée, avec diplégie, faciale d'origine vraisemblablement blennorrhagique." Par M. le Pr. F. Raymond. Le Progrès Médical, 27 Juillet, 1901.

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what improved and was able to support himself by means of a cane. At the date of the lecture the patient was able to perform spontaneously and without effort all the movements of the lower limbs. During the preceding ten days he had begun to walk. With the exception of some lateral oscillations of the trunk the gait was regular. Sitting or standing erect, however, rapidly brought on fatigue. The numbness, tingling, and pain had almost ceased.

The lower limbs were the seat of a general muscular atrophy. Power in the upper had been recovered more speedily than in the lower limbs. Tactile sensibility was normal on both sides. The sensibility to heat and cold, as well as muscular and articular sensibility, was normal. There was general muscular atrophy of the upper limbs. The sensibility, muscular power, and reflexes of the trunk were intact. One was, however, struck, at first sight, by the immobility of the countenance. The lines and folds of the face were almost obliterated. There was difficulty in closing the eyes, the right eye was drawn upward and inward, the left eye upward and outward. Facial sensibility was normal and deglutition undisturbed, except for the trouble caused by paralysis of the buccinators. The tongue did not deviate. The sense of taste was normal. The gonorrhœal flow, which for a period had ceased, returned with the advent of the first signs of polyneuritis, and was still in existence, though scanty. The general condition of the patient was good. He exhibited no signs of degeneration.

To summarize the case: a man, free from hereditary neuropathic antecedents, of habitual good health, contracted simultaneously syphilis and gonorrhœa at the age of 22. He was treated for syphilis for four consecutive years. The symptoms were mild. Eight years later he again contracted gonorrhœa. After a duration of six weeks the discharge was suppressed for four years, when the man was attacked by the signs and symptoms of polyneuritis with return of the urethral discharge.

After an interesting discussion of the differential diagnosis, the steps of which we need not here follow, the speaker identified the nervous manifestations as those of peripheral polyneuritis of the type known as acute ascending paralysis of Landry. This affection may be the result of an intoxication, an autointoxication, or an infection. In concluding that the case was, in all probability, due to the undoubted gonorrhœal infection from which the man had suffered Professor Raymond recalled the fact that the paralysis had begun coincidently with the suppression of the urethral discharge, which had resulted in the absorption of gonorrhœal pus or toxins. According to one view, polyneuritis is caused in such instances by immigration of the gonococcus into the sheaths of the affected nerves, precisely as occurs in leprous polyneuritis. Such demonstration is yet lacking as regards gonorrhœal polyneuritis, although it seems quite possible on the grounds of analogy. Other authorities look to the toxins elaborated by the gonococcus as the source of the mischief to the nervous tissue. It has, in fact, been experimentally demonstrated that these toxins are injurious to nervous matter, both central and peripheral.

The above case, an abridged sketch of which we have given from the lecturer's description, adds another to the growing list of those which display the toxic influence of gonorrhœa upon parts distant from the seat of original infection.

THE BRITISH MEDICAL ASSOCIATION.

THE sixty-ninth annual meeting of the British Medical Association was held this summer at the pleasant city of Cheltenham. By a coincidence we are told by the president, Dr. George Bagot Ferguson, of

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Cheltenham, that the first meeting in that place—the fifth of its annual sessions—coincided with the first year of the late Queen's reign as that of the present year occurs in the first of King Edward's sovereignty. The topic of the presidential address was scientific research as the indispensable basis of all medical progress. As a preliminary he naturally spoke of the history of the city in which they had met, more particularly in regard to the high position which it once occupied as a watering-place and sanitarium on account of its mineral springs, then highly esteemed for their beneficial effects in gastric and hepatic disorders, and to the relations which the immortal Jenner sustained to the locality. It is of interest to note that the neglect of proper precautions, which cost the neighboring city of Gloucester so much mortality from small-pox a few years ago, have caused such a reaction of sentiment that Gloucester is now perhaps the best protected against small-pox of any county in England. It is a strange irony of fate that the very protective measure which has conferred such a degree of immunity that the public at large now does not realize the horrors of that loathsome disease should permit the rise of a host of objectors to the practice. Other eminent men who are associated with the history of Cheltenham were named by the speaker.

He then entered into the real topic of his address. He dwelt upon the absolute indispensability of a sound knowledge of anatomy. He reviewed briefly the course of medical history in modern times, and, standing, as it were, between two centuries, glanced at the contrast in knowledge at the beginning of the last and of this century. The great epoch-making discoveries of the nineteenth century were appreciated at their full worth, but, owing to the momentum of progress, as it might be called, the speaker dared not venture any predictions as to the state of science one hundred years hence. Different sciences react upon each other, as has often been remarked. Each receives and borrows impulses from its cognate branches of study. The aptest recent illustration of this truth is the application of the Roentgen rays to surgical practice, now so completely established. Roentgen is a physicist, and "most certainly was thinking of nothing less than of surgery when in the modest Physical Institute of Würzburg he undertook his epoch-making research on the cathodic rays of Sir William Crookes." The progress of bacteriology and its valuable contributions to practical medicine is another striking example of the benefits which may apply to one science by the development of another with which it had not previously been supposed to stand in close relationship. The study of the malarial parasite and the suggestive labors of Dr. Patrick Manson have likewise yielded excellent results in practice. Numerous instances of the kind were adduced by the speaker, and the more important of them will no doubt recur to the minds of our readers. He entered a forcible plea for the establishment of more universities and research institutions to the end that British youth shall have more facilities "similar to those enjoyed on the Continent and in America." Dr. Ferguson had in a previous part of his address alluded to the great names which, a hundred years ago, drew students to France from all countries of the civilized world, "just as they are now flocking to Germany, and will soon . . . betake themselves to America, and hereafter to London, if only its newly reconstructed teaching university turns out as successful as we all hope it may be."

The address in medicine was by Dr. James F. Lockhart, of Guy's Hospital, London. Borrowing a title from Sir Arthur Helps, he has entitled his address "Friends in Council." The body of his deliverances was concerned, respectively, with the patients, the physicians, and the drugs. It constitutes an excellent presen-

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tation of the need of individualism in treatment. Upon this point it is impossible to insist too much, and every practitioner should consider the patient as well as the disease. The older a man grows and the more extended is his experience, the keener is his appreciation of this necessity.

The address in surgery was delivered by Sir William Thomson, of Dublin. The speaker's theme was military surgery and, in particular, the surgical lessons derived from the war in South Africa. The rapid changes in the construction and mechanism of rifles had rendered uncertain the effects capable of being produced by the most modern weapons. The experience of military surgeons upon this point was necessarily very limited. The vast majority of wounds received in South Africa were caused by small-bore bullets. Among the many surprises of the campaign in South Africa is the large proportion of wounded men who have recovered. Severe wounds have responded to treatment in a manner which has surprised everyone having experience of surgical injuries. The wounds of exit and entrance were generally small, there was but little hæmorrhage, and the tendency was to immediate closure. The speaker likened the tract of the missile to a cleavage rather than tear of tissue. It has not been sustained that sufficient heat was generated in the bullets to render them aseptic, but practically penetration was effected by a piece of clean, very hard metal. The second cause of the favorable course of wounds is ascribed to the first dressing, thus repeating the experience of the Hispano-American war.

Far different from that conflict, however, was the influence of the climate. Instead of the hot and moist climate of Cuba and the Philippines the South African atmospheric conditions are heat with dryness together with a notable freedom from disease-germs. The general elevation varied from 4000 to 6000 feet above sea-level. The wounds of bones and joints yielded as favorable results as possible, and the speaker expressed the opinion that in no war have amputations been so few, the number of limbs saved so many, or the mortality from such operations so small.

Medical News and Miscellany.

Collective Investigation of the Influence of the Silver-Nitrate Injections on Phthisis.—To the Members of the Medical Profession: In 1892 the undersigned began a collective investigation of the action of cold in the treatment of acute pneumonia, and there is reason for believing that this procedure, which resulted in gathering four hundred cases of this disease thus treated, with a death-rate not quite 5 per cent., was an important factor in calling attention to the utility of that treatment, and in introducing it to the profession of this country. That research was based on the conviction that no remedy can be called truly successful until it has passed the exacting crucible of clinical experience, and it is now proposed to apply the same ordeal to the silver-injection treatment of phthisis, which, in a large hospital, dispensary, and private practice, reaching over a period of three years, and during which many thousand injections were administered, has given me greater satisfaction than any other method that I have ever employed. In keeping with the above-expressed feeling, a cordial invitation is herewith extended to those members of the profession who have the inclination and opportunity to investigate this method of treating phthisis, and to whom a reprint on the subject, with full information and blanks to report cases, will be cheerfully sent on application.

Thomas J. Mays, M.D.

1829 Spruce Street, Philadelphia, Pa., August 15, 1901.

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American Roentgen-Ray Society. — The second annual meeting of the American Roentgen-Ray Society was held on September 10 and 11, 1901, at the University Buildings of Buffalo, Buffalo, N.Y. About two hundred members were in attendance, and about sixty new men enrolled. There were extensive displays of apparatuses. The meeting was of much interest. The next annual meeting will be held in Chicago. The papers read were as follows: "President's Address," by Dr. Heber Robarts, of St. Louis, Mo. "The Diagnostic Value of the Roentgen Rays, with Special Reference to Their Application in Medico-legal Cases," by Dr. Mihran K. Kassabian, of Philadelphia, Pa. "An Examining Frame and 'One Minute' Localizer, with Demonstrations," by Dr. S. H. Monell, of New York City. "How the Induction Static Machine can be Excited Without a Separate Charger," by Dr. John T. Pitkin, of Buffalo, N. Y. "The X-ray in Country Practice," by Dr. Joseph C. Clark, of Olean, N. Y. "What the X-rays Show in Actinomycosis," by Dr. G. E. Fosberg, of Cedar Rapids, Ia. "X-ray Work in Great Britain: Results of a Trip," by Dr. G. P. Girdwood, of Montreal, Can. "The Discovery of the Bacilli of Cancer," by Prof. Max Shueller, of Berlin, German University. "Electrotherapy, the Safest Cure of Lupus Vulgaris; the Most Recent Inventions and Improvements in Tubes, Coils, Static Machines, etc." (illustrated), by Julius Silversmith, of Chicago, Ill. "Researches in the Direction of Obtaining Shadowgraphs of the Muscles and Ligaments of the Body," by H. Westbury, of Harrison, N. J. "Brief Remarks on the Therapeutic Value of the X-ray and Suggestion on a Universal Co-operation," by Dr. Constantin V. S. Boettger, of Ottawa, Can. "Some Medico-legal X-rays" (illustrated), by Dr. F. Wesley Sells, of Murray, Ia. "Investigation of X-ray Problems," by Virgilio Machado, of Lisbon, Portugal. "Sciagraphy of the Concretions in Urine, Especially Cystin," by M. U. Dr. R. Jedlicka, of Chirurgical Clinic, Prague, Bohemia. "Why Some Mistakes are Made in Radiography," by Dr. J. N. Scott, of Kansas City, Mo. "Description of a Simple and Efficient Form of Electrolytic Interrupter," by Dr. Elmer G. Starr, of Buffalo, N. Y. "The Treatment of Cutaneous Cancer by the X-rays," by Dr. G. E. Pfahler, of Philadelphia, Pa. "Use of the X-ray as a Therapeutic Agent" (illustrated, demonstration), by Dr. H. P. Pratt, of Chicago, Ill. "Some Light-rays in Tuberculosis," by Dr. J. Mount Bleyer, of New York City. "X-ray an Absolute Necessity in Dental Surgery," by Dr. Frank Austin Roy, of New York City. "The X-ray Tube," by Dr. Emil H. Grubbe, of Chicago, Ill. "Development in Crookes Tubes in 1901," by H. Westbury, of Harrison, N. J. "X-ray Machinery," by W. C. Fuchs, of Chicago, Ill. "The Relative Efficiency of X-ray Generators," by Dr. W. A. Price, of Cleveland, O. "Position in Sciagraphy," by M. E. Parberry, of St. Louis, Mo. "Turck's Gyromele and the X-rays in Diagnosis of the Diseases of the Stomach" (demonstration, illustrated), by Dr. J. Rudis-Jicinsky, of Cedar Rapids, Ia. There were also voluntary papers, practical demonstrations, and inspection of the exhibit.

German Orthopædic Society. — The orthopædists of Germany have organized a national association, which met for the first time at Hamburg, September 23d.

The Saturday-Evening Post.—"The Business Side of a Great University," by President Harper, of the University of Chicago, is the opening article in the "College Man's Number" (October 12th) of the Saturday-Evening Post, of Philadelphia. "Theodore Roosevelt (Harvard, '80)" is the title of an entertaining paper on the president's college-life, by his friend, Owen Wister. Other strong features of this number are short stories by Max Adeler, Jesse Lynch Williams, and

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Frank Norris, and a page of droll "Nature Studies" by Oliver Herford. This number will be of unusual interest to all collegemen.

Mr. William Allen White has just returned from Lawton, where he went to write for the Saturday-Evening Post, of Philadelphia, the story of the "opening" of the Indian lands. Mr. White's vivid account of the mushroom city that sprang up in a night is of striking and timely interest.

Lord Balfour, of Burleigh, Secretary for Scotland and Lord Rector of the University of Edinburgh, will contribute to an early number of the Saturday-Evening Post, of Philadelphia, a paper of official significance on Carnegie's gift to Scotland. Lord Balfour is one of the trustees of the millions Mr. Carnegie has given to the Scotch universities.

In Honor of Dr. N. S. Davis.—Under the auspices of the Chicago Medical Society a banquet and celebration has been organized in honor of Dr. Nathan Smith Davis, M.D., LL.D., who is the oldest living president of the society and widely known and honored among the profession by his long connection with the American Medical and other associations. The banquet is to take place at the Auditorium Hotel, Chicago, Saturday evening, October 5, 1901. The committee consists of Christian Fenger, James H. Stowell, W. S. Haines, F. X. Walls, E. F. Wells, and Arthur R. Edwards.

Loss of Pupillary Reflex in its Relation to Syphilis. — Babinski and Charpentier affirm that permanent loss of the pupillary reaction to light, when not dependent on disease of the glote optic nerve or paralysis of the motor oculi, is an almost pathognomonic sign of hereditary or acquired syphilis. They conclude that the loss of pupillary reflex indicates that the disease has invaded the central nervous system and that the patient is a candidate for tabes, diffuse meningo-encephalitis, or cerebrospinal syphilis. In view of the fact that vision is not impaired, attention is not likely to be called to the eyes, and the phenomenon is apt to be overlooked. They suggest that determination of the pupillary reaction be made a part of the routine of all physical examinations.—Interstate Medical Journal.

Medico-Chirurgical College of Philadelphia.—The opening exercises for the session of 1901-1902 were held on the evening of October 1st. The introductory address was delivered by Dr. John C. Heisler.

Tuberculous Rheumatism.—Raymond Bernard reports this interesting case of a man of 30 years without tuberculous or rheumatic antecedents. At the beginning of the last winter he began to lose weight; he was very weak, and suffered from pains in his heels and toes. These pains, very acute on awaking, would disappear after exercise, only to return after one or two hours of repose. Later, the patient suffered from pain in the shoulders and hands. Several articulations of the fingers as well as of the legs became swollen. The pain was clearly muscular and periosteal. Later, the knees became painful. Salicylates had no effect. The affection, which had been apyretic in the beginning, now became febrile, and the temperature remained above normal for four months. There was another feature to be noted: the persistence of pain in certain muscles for a time, and then its sudden shifting. At the end of February there was no other sign of tuberculosis than the bilateral cervical adenopathy, and in the middle and lower part of the left lung a slightly roughened respiration, with sometimes a few very fine subcrepitant râles. The patient is now much improved, there is no pain, and the fever has disappeared. There remain the characteristic cervical adenopathy, the deformity of the joints of the fingers (proved by a radiograph to be

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due to periarthritis), and a tuberculous lesion of the lungs. Bacteriological examination from time to time was negative.—Medical Record.

Canada Lancet. — The Canada Lancet has been purchased from Dr. G. P. Sylvester by the Ontario Publishing Company, of Toronto. This journal was founded thirty-five years ago, by the late Dr. Fulton. It is understood that it will retain the same editorial staff, but will be enlarged and improved.

International Monthly. — The October number of the International Monthly contains several contributions of unusual interest and power, and that deserve to be widely read. M. Gustave Lanson, of the University of Paris, and, after Brunetière, unquestionably the greatest living authority on French literature, writes on the "New Poetry in France." It has been reserved for M. Lanson to show in their true light such poets as Verlaine, Henri de Régnier, and Viélé-Griffin: men of an original and powerful order of thought, and the masters of a new and exquisite form of verse which is an improvement on that both of Parnassian and Romanticist.

The International Monthly publishes also in this number another of the essays of Prof. Hugo Münsterberg, so widely known over the whole country for his critical, though generous and appreciative studies, of American institutions from a German point of view. This time it is "American Democracy" he discusses.

M. Camille Guy, of the French Colonial Ministry, gives an accurate and impressive outline of "French Colonial Expansion in the Nineteenth Century"; Mr. John La Farge concludes his essay on "Art and Artists"; Signor Salvatore Cortesi contributes one of the most interesting articles on the recent *rapprochement* between France and Italy; Judge Simeon E. Baldwin writes of the "American System of Supreme Courts"; Prof. Albert Bushnell Hart discusses the place of John Fiske as an historian; and Prof. Franklin H. Giddings contributes a brief review of two important works on the "History of the English Poor Law."

Dr. Recourd.—Dr. Recourd, Professor of Chemistry at Lyons, has been appointed Professor of Chemistry at the University of Grenoble.

Dr. Adelbert W. Brayton.—We note with pleasure that our friend and able colleague, Dr. Brayton, editor of the Indiana Medical Journal, has been chosen president of the Indiana State Medical Society.

Dr. Malcolm Morris.—Dr. Malcolm Morris, of London, England, the well-known dermatologist, and editor of the Practitioner, was in Philadelphia recently, and was entertained at the University Club by Dr. John H. Musser, of this city.

Dr. S. Baudry.—Dr. S. Baudry, Professor of Pathology at the Lille Medical School, has been appointed Professor of Ophthalmology.

Preparalytic Hemichorea. — Bechtereff has recently published the case-report of a man of 68, suddenly seized with left hemichorea, subsequent to a violent emotion. He died fifteen days later with symptoms of paralysis of the heart. The autopsy disclosed a circumscribed hæmorrhagic focus in the posterior portion of the optic layer. Boinet describes a case in which a sudden hemichorea appeared, followed by atrophy of the muscles of the left arm and leg, with corresponding facial asymmetry. In a second case hemiathetosis and hemichorea coincided with the atrophy of the muscles, deviation of the tongue, and facial asymmetry on the side affected. He has also witnessed a case of rhythmical hemichorea in a patient with general paralysis. He attributes this preparalytic or post-paralytic hemiathetosis or hemichorea to an interruption of the conductors connecting the central ganglia with the cerebellum,—the route traversed including the superior peduncle of the

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cerebellum, the red nucleus, the optic layer, the internal capsule, and the anterior portion of the lenticular nucleus.—Journal of the American Medical Association.

American Association of Obstetricians and Gynæcologists.—The American Association of Obstetricians and Gynæcologists, at its recent meeting in Cleveland, elected Dr. Edwin Ricketts, of Cincinnati, O., president of the association for the ensuing year. The other officers are: Dr. Cumston, of Boston, vice-president; Dr. W. W. Potter, of Buffalo, secretary; Dr. X. O. Werden, of Pittsburgh, treasurer. The next convention will be held in Washington.

French Gynæcological Congress. — The triennial meeting of the French Congress of Gynæcology, Obstetrics, and Pædiatrics opened at Nantes on September 23d under the presidency of Dr. Sevestre.

Ladies' Home-Journal. — Rudyard Kipling's latest animal story, "How the Leopard Got His Spots," has first place in the October Ladies' Home-Journal, which is a truly notable number of this excellent magazine. "A Fifth Avenue Troubadour," the story of a bird in New York, by Ernest Seton-Thompson; "Some Things the President Does Not Do," and the last installment of "Miss Alcott's Letters to Her 'Laurie'" form a most interesting and varied trio. Miss Laura Spencer Portor's delightful love-story, "A Gentleman of the Blue Grass," also begins in this number, and Josef Hofmann, the world-famed pianist, writes on "Playing the Piano Correctly." There is a crisp collection of anecdotes about Mr. Whistler, and a charming bit about "The Real 'Cranford,'" showing pictures of the places most mentioned in Mrs. Gaskell's great story. Mr. Bok's editorial is addressed "To a Young Man About to Marry." The remainder of the magazine is devoted to its enlarged editorial department, nine new editors, each with a special page, making their bows. Chief among these are Professor Griggs's talks on "The Education of a Child from Eleven to Eighteen," Professor S. C. Schmucker's "Seeing Things Outdoors," Miss Withey's "Speaking and Writing Correctly," "The Lady from Philadelphia," a new etiquette department, Doctor Walker's "Good Health for Girls" and Mrs. Sangster's answers to "Girls' Problems." The art features are most attractive. There is a double page of photographs of "Flowers that Bloom Above the Clouds," a page of remarkable photographs by Miss Watson, and a cover by Albert Herter.

Southside Hospital, Pittsburgh. — At a meeting of the board of directors Dr. J. P. Kerr was elected to fill the vacancy caused by the death of Dr. A. M. Arnholt.

University of Buffalo.—The Medical Department of the University of Buffalo has received $50,000 for the purpose of erecting a laboratory to be devoted entirely to research-work. It will be known as the Gratwick Research Laboratory.

Lehigh Valley Medical Association. — The election of officers for the ensuing term was made: President, Charles P. Knapp, of Wyoming. Vice-presidents, J. A. Horn, of Lehighton; H. Reeser, of Reading; W. H. Hartzell, of Allentown; E. M. Green, of Easton. Secretary, Charles McIntire, of Easton; assistant, W. P. Walker, of South Bethlehem. Treasurer, Abraham Stout, of Bethlehem. And an Executive Board from the several counties.

Professor Combemale.—Dr. Combemale, Professor of Medicine at the University of Lille, has been appointed Dean of the Medical Faculty for three years.

Camden City Medical Society.—A regular meeting of the Camden City Medical Society was held on Tuesday evening, October 1, 1901, at the Dispensary Building, 725 Federal Street. Papers were read by Dr. E. B. Sharp, on the "Diagnosis and

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Treatment of Hyperchlorhydria," and by Dr. Boardman Reed, on the "Treatment of Constipation."

Removals.—Dr. H. M. Christian has removed to 1344 Spruce Street, Philadelphia.

Dr. Joseph Gibb has removed to 1907 Chestnut Street, Philadelphia.

Dr. Robley D. Newton has removed to 1504 Arch Street, Philadelphia.

Mississippi Valley Medical Association.—The following officers were elected for the ensuing year: President, S. P. Collings, M.D., of Hot Springs, Ark.; first vice-president, J. C. Culbertson, M.D., of Cincinnati, O.; second vice-president, Paul Paquin, M.D., of Asheville, N. C.; secretary, Henry Enos Tuley, M.D., of Louisville, Ky.; treasurer, Thomas Hunt Stucky, M.D., of Louisville, Ky.; Chairman Committee of Arrangements, A. H. Cordier, M.D., of Kansas City, Mo. The twenty-eighth annual meeting will be held in Kansas City, Mo., October, 1902.

Professor Lapersonne.—Professor Lapersonne, of Lille, has been invited to fill the chair of ophthalmology in the Paris Faculté de Médecine, left vacant by the retirement of Professor Panas on account of the age limit. Summoning a professor to Paris from the provinces is a rare occurrence.

Resignation of Dr. J. Madison Taylor.—Dr. J. Madison Taylor has resigned from the Professorship of Diseases of Children in the Philadelphia Polyclinic, where he has taught post-graduate students for about fifteen years.

Dr. Ohlmacher Reinstated.—At a recent meeting of the Board of Trustees of the Ohio Hospital for Epileptics, Dr. A. P. Ohlmacher, of Gallipolis, Ohio, was reinstated in the position of Director of the Pathological Laboratory in that institution. The board voted that this reinstatement should date from the time in May when the suspension from duty took place.

Palace to Become a Children's Hospital.—King Victor Emmanuel has decided that the Palace of Monza, near Milan, where King Humbert was staying at the time of his assassination last year, should be converted into a children's hospital and asylum, which is to bear the name of the unfortunate sovereign. Being spacious and surrounded by magnificent gardens and a park of vast extent, it is pre-eminently suited for the purpose to which it is now about to be put.

A New Library for the University of Berne.—Dr. von Zehender, formerly Professor of Ophthalmology in Rostock, has presented his library to the University of Berne.

Ontario Medical Association.—The following officers were elected: President, Dr. N. A. Powell, of Toronto; first vice-president, R. Ferguson, of London; second vice-president, R. W. Garrett, of Kingston; third vice-president, L. C. Prevost, of Ottawa; fourth vice-president, R. L. Turnbull, of Goderich; general secretary, Harold C. Parsons, of Toronto; assistant, George Elliott, of Toronto; treasurer, A. R. Gordon, of Toronto.

Changes in the Fundus Oculus in Pneumonia.—A. Peters, of Bonn, says: "It has long been known that pneumococcic metastases occasionally give rise to grave ocular infections in the form of suppuration of the vitreous and panophthalmitis, leading to unilateral or total blindness. Of more recent date is the knowledge that less extensive fundus disturbances may originate from emboli. Vision is only slightly impaired, and the lesions are capable of complete resorption.

"The principal subjective symptom is disturbance of vision. In one case the patient observed 'sooty clouds' in the periphery of the field. Eventually vision returns to normal.

"The ophthalmoscope shows in the vicinity of the macula several round, gray-

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white patches, of one-third to one disk diameter. The borders are at first well defined, but later become blurred. Some of the spots are raised above the general fundus-level. The condition finally clears up entirely."

The differential diagnosis between embolus and retinitis septica is often difficult. Peters suggests the following points:

EMBOLUS.

1. Visual disturbance *may* date from the first day of the disease.
2. Patches of infiltration are round or roundish.
3. Patches may be raised above fundus-level.
4. Hæmorrhages absent.

RETINITIS SEPTICA.

1. Visual disturbance always delayed beyond the first day.
2. Patches are usually striated.
3. Patches are not prominent.
4. Hæmorrhages usually present.

The condition may also be mistaken for tubercle of the choroid.

Peters hopes that further observations will give additional points for diagnosis, and recommends systematic ophthalmoscopic examination in pneumonia.—Interstate Medical Journal.

Pupillary Disturbances in Mental Disorders.—An interesting contribution to this subject has been published in a recent "Thèse de Paris" by Dr. Roger Mignot. Apart from the attention devoted to the clinical study of the pupillary symptoms in general paralysis, but little has been done hitherto in this direction as regards other mental disorders. After a lengthy physiological description of the nervous mechanism which subserves pupillary reflexes Dr. Mignot points out that even as regards general paralysis different authors have arrived at varying conclusions. Thus, to speak only of the pupillary reflex to light, Thomsen and Mendel found alteration of this in 47 per cent., whereas Francotte found it in 88 per cent. of cases of general paralysis. To prevent difficulties in collating results it was necessary that the same technic should be adopted under conditions as nearly similar as possible. Thus, Dr. Mignot found that among 22 cases of advanced general paralysis inequality of the pupils was met with in 63 per cent., abolition of the light-reflex in 77 per cent., and diminution in 22 per cent., and alteration of the accommodation-reflex in 50 per cent. As regard non-paralytics, the statistics of authors differed. Oebeker found inequality of the pupils in 2 per cent., and Thomsen found immobility of the pupils in 2.1 per cent. Verga and Castiglioni regarded pupillary disturbances as not special to any form of mental alienation, and found them in 74 per cent. of cases of insanity generally. Dr. Mignot, from careful and repeated observations, concludes that pupillary disturbances are not infrequently met with in organic dementia, senile dementia, paranoia, degenerative insanity, intermittent insanity, and the alcoholic insanities. He confirms the observation of Kraepelin that in dementia præcox mydriasis is frequent (30 per cent. of cases). He moreover shows that pupillary inequality may be met with in 32 per cent., disorder of the light-reflex in 62 per cent., and of the accommodation-reflex in 12 per cent. of cases of dementia præcox. Characteristics of the latter disorder are the variability and alternation of such pupillary changes which may be present in one form now and be altered to-morrow. Among 12 sufferers from senile melancholia alterations of the light-reflex were found in 11 cases, this reflex being found to be absent on occasions in two cases. He concludes that, while alterations of the pupillary reflexes are frequent and progressive in general paralysis, organic dementia, and senile dementia, they are of a changeable and variable character in the other psychoses above mentioned, especially dementia præcox and senile melancholia.—Lancet.

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Blindness from Sodium Salicylate.—At the Ophthalmological Society Mr. Simeon Snell related the following very rare case: A girl suffering from acute articular rheumatism was given sodium salicylate. At 7.30 A.M. she awoke and said that everything was dark in front of her. When her physician visited her between 11 and 12 she could not distinguish light from darkness. Next day Mr. Snell saw her and found her perfectly blind. Ophthalmoscopic examination revealed nothing abnormal. On the following day when she was succumbing to endocarditis and pericarditis she was again examined with negative result. She died that evening without return of vision. The total quantity of sodium salicylate taken was 140 grains at least, possibly 160 grains in sixty hours. Mr. Snell thought there could be very little question that the sodium salicylate was the cause of the blindness.—Journal of the American Medical Association.

Galveston Medical College.—The following changes have occurred in the faculty of this college: Dr. Henry P. Cooke has resigned the deanship and the chair of pædiatrics; Dr. William S. Carter, Professor of Pathology, will be Lecturer on Pædiatrics; Dr. Allen J. Smith has been made dean; Dr. William Gammon has been promoted from demonstrator to associate in pathology; Dr. Louis E. Magnenat has been made Demonstrator of Pathology; Dr. M. Charlotte Schaefer has been made Demonstrator of Normal Microscopy; Dr. Kenneth H. Aynesworth has been made Demonstrator of Anatomy and Dr. Thomas Flavin, Emeritus Demonstrator of Anatomy.

Case of Death after Medullary Cocainization.—Dr. Broca, surgeon of the Paris hospitals, has recently communicated to the Society of Surgery a case of death after spinal cocainization furnished him by Dr. Prouff. The patient, a woman 62 years old, thought she had a foreign body in one of her feet. She was suffering at the same time from chronic arthritis of the hip-joint and knee, and Dr. Prouff did not hesitate to make an injection of 1 cubic centimeter of a 1-per-cent. solution of cocaine. The incision in the foot was readily carried out, and the patient was able to go home on foot an hour after the injection was made, and go up several flights of stairs. Dr. Prouff was called to see his patient in the afternoon, and found her suffering from most intense pain in the back. The pulse was extremely weak, and there was extreme paleness of the face. Dr. Prouff had the patient get up and walk, and saw that there was no mortor or sensory trouble. He did not prescribe any treatment. The patient died next day. This would seem to be a *bona fide* case of death after rachicocainization, and would tend to show, as Dr. Broca has said, that such a method should not be intrusted to everyone. Dr. Nélaton, the son of the celebrated surgeon of Napoleon III, said that he had had occasion to witness recently very severe cardio-pulmonary symptoms in a patient who had been anæsthetized in this manner. There was a good deal of dyspnœa and pallor, and a weak and rapid pulse. These accidents lasted a whole day, and were in part relieved by repeated injections of caffeine. The solution of cocaine was analyzed, and was found to contain elements resulting from the disintegration of the cocaine.—Journal of the American Medical Association.

Dr. I. M. Koch.—Dr. Koch has removed his office and residence to 1111 Spruce Street, Philadelphia.

Jacksonian Prize.—Mr. McAdam Eccles has been awarded the Jacksonian Prize of the Royal College of Surgeons of England, and has been elected a Hunterian Professor for 1901-1902. The subject of his essay for the prize was "The Diagnosis and Treatment of the Diseases Caused by and

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Connected with Imperfect Descent of the Testicle."

McClure's Magazine. — No man in America to-day is more in the public eye than J. Pierpont Morgan. In recognition of this fact the October issue of McClure's Magazine opens with a sketch of Mr. Morgan, carefully prepared by Ray Stannard Baker, author of the character sketches of Roosevelt, Sampson, and Wood. The article is concise and dignified. Of almost equal importance is Josiah Flynt's "The Tammany Commandment." At this time Mr. Flynt's startling *exposé* is particularly timely. It is a complete exposition of the system of police protection of vice and crime as that system is understood by those protected. Other articles are Clara Morris's entertaining account of the "Staging of 'Miss Multon,'" Cyrus Townsend Brady's "appreciation" of "Frontenac, the Saviour of Canada," and William Stamps Cherry's (the African explorer) thrilling description of "Elephant-hunting in Africa."

A new barrack-room ballad is contributed by Rudyard Kipling. Kipling also appears in the number in the last installment of "Kim." Aside from the serial, there are five stories: "I Sing of Honor and the Faithful Heart" chronicles the experiences of Emmy Lou in the Third Reader; "The Roadmaster's Story—The Spider Water," completes Frank H. Spearman's series of exciting railroad tales; "The Other Man" is a sweet love-story; "The Honor of the Transgressor" is a "Tale of the Nebraska Pioneers"; and "The King's Visit" is another of Robert Barr's entertaining Jimmy stories. Both the quality of the contributions, and the beauty of the illustrations are up to the very high standard set by the August and September numbers. McClure's never gets below its own level, and its own level is the standard of excellence.

Note on the Cremasteric Reflex in Sciatica.—G. A. Gibbons states that a remarkable exaggeration of the cremasteric reflex has shown itself in every case of sciatica that has recently been under his notice. It can be elicited in the ordinary way by gently stroking the skin on the inner side of the thigh, but is much more easily produced by firm pressure over the lower and inner portion of Scarpa's triangle, whose sensory nerve-supply is derived from the internal cutaneous branch of the anterior crural nerve. The extent of the cremasteric reflex is greatest when the knee-jerk is most exaggerated, yet it is found in cases which do not manifest much increase in the knee-jerk.

Anatomically, the cremasteric center and the knee-center are situated above the connections of the sciatic nerve; it, therefore, seems probable that, in sciatica, the segments of the cord at and below these sciatic connections have but little tendency to exaggeration, while those above are in a condition of exaltation.—Cincinnati Lancet-Clinic.

The Lane Lectures.—The sixth course of the Lane Medical Lectures in Cooper Medical College, San Francisco, Cal., inaugurated in 1896, will be given in 1901 by Mr. Malcolm Morris, F.R.S.C., of Edinburgh, the subject to be: "The Pathology of the Skin in Relation to Certain Social Problems."

Psoriasis of the Nails Recurring with Pregnancy.—In the Scottish Medical and Surgical Journal Dr. W. E. Foggie has described the following curious case: A woman, aged 28 years, nine years married, was seen on August 9, 1899. She was in her sixth pregnancy. At the fifth month in this, as in every preceding pregnancy except the first, an affection of the nails began with a hot and painful sensation at the ends of the fingers and thumbs. Soon the nails began to separate at their free margins and sides and to be raised from their beds by a scaly accumulation. Their surfaces became gray, lusterless, and long-

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tudinally fluted. Within a month or two almost every nail had become separated from its bed. By October the nails were mostly broken off and the beds were bare, except for a small margin of new healthy nail at the root. Some of the growing nails showed considerable transverse irregularities. At the beginning of 1900 the nails were almost normal. In April, 1900, when the patient was again in the fifth month of gestation, she again came under observation with the same sensations under the nails. In the two latter attacks there were distinct patches of psoriasis on the left elbow, right knee, and back of the left hand. The affection of the nails in this case corresponds in most of its features with what Mr. Hutchinson has described as "psoriasis of the nails": a condition characterized by accumulation of scales beneath the nails and separation of the nail from its bed, which begins at its free edge. Various skin affections—such as dermatitis herpetiformis, urticaria, pruritus, and eczema—have been observed in connection with pregnancy. But psoriasis, to say nothing of psoriasis of the nails, does not appear to have been described. Dr. Radcliffe Crocker, however, says that psoriasis may clear up during pregnancy. —Lancet.

Dr. John W. O'Connor.—Dr. John W. O'Connor, of Denver, succeeded Dr. Frederick J. Bancroft as chief surgeon of the Rio Grande Western Railroad.

Honors to Armauer Hansen.—A bust of Dr. G. Armauer Hansen, the discoverer of the leprosy bacillus, has been unveiled by Professor Visdal in the Garden of the Museum at Bergen, in the presence of many Norwegian and foreign medical men. An address was delivered by Prof. O. Lassar, of Berlin, and Drs. Sandberg and Lie, of Bergen, also spoke. Congratulatory messages were sent from all parts of the world, and a letter from Professor Virchow was read. The King of Norway conferred on Dr. Hansen the distinction of Commander of the Order of Ola. He celebrated his sixtieth birthday anniversary on July 29th.

Nervous Disorders Associated with Abnormal Tonsils.—Alexis Berest deals with the nervous disorders which arise from an abnormal condition of the tonsils, and most of which are the result of reflex disturbance starting from hypertrophy of the glands. The contact of these bodies with the base of the tongue is often sufficient to provoke nausea and efforts toward vomiting, which may be produced, not during meals, but during the intervals. Among the rarer disturbances is spasm of the œsophagus, of which a case was recorded by Senez (Thèse de Paris, 1893) concerning a sailor who suffered for several years from dysphagia, and was treated with antispasmodics without result. Ablation of the hypertrophied tonsils produced considerable improvement in this case. Cough is also produced by enlarged tonsils. The mechanism in this case is preferably pressure upon, and irritation of, the pillars of the fauces and consequently of the palatal twigs of the trigeminal nerve. The character of the cough is in these cases dry and hissing, as in quinsy. Less frequently spasm of the glottis may be excited, or even attacks of bronchial asthma, of which several instances were published by Schmidt in 1877. Where the enlarged tonsils press upon or obstruct the pharyngeal orifice of the Eustachian tubes some degree of deafness may result. This may be due to mere mechanical obstruction, or to the production of a local naso-pharyngeal catarrh, or, according to Noquet, to paresis of the dilator of the Eustachian tube. The last observation has been confirmed by Weber-Liel in 1873 and by Woakes in 1879. Ocular and visual disturbances are uncommon, the better known of these being blepharospasm and asthenopia. Paræsthesiæ of the throat and tongue, including feelings of globus, may

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arise in a similar way, and Boulay records an interesting case of neuralgia of the tongue thus produced, and which was cured after excision of the hypertrophied tonsils. The enlarged tonsils may be either firm and fibroid or soft. In the latter form the co-existence of adenoids of the nasopharynx has often been established. Treatment consists in partial excision of the enlarged glands and local applications of a sedative character.—British Medical Journal.

Book Reviews.

The Diagnosis of Internal Medicine. A Clinical Treatise upon the Recognized Principles of Medical Diagnosis. Prepared for the Use of Students and Practitioners of Medicine. By Glentworth Reeve Butler, A.M., M.D., Chief of the Second Medical Division, Methodist Episcopal Hospital; Attending Physician to the Brooklyn Hospital, etc. With 5 Colored Plates and 246 Illustrations and Charts in the Text. New York: D. Appleton & Co., 1901.

Genuine success in the practice of medicine is based upon accuracy of diagnosis. Diagnostic ability, in its turn, rests upon a knowledge of human anatomy, the physiological functions of different organs and parts, the natural history of disease, and a practical grasp of modern methods of physical exploration. The disturbances of normal activities produced by disease reveals itself in symptoms. In the present work the author follows the natural method, which corresponds to the problems placed before him at the bedside. The first part is devoted to the consideration of the evidences of disease,—*i.e.*, signs and symptoms,—just as the physician in his daily work is confronted, first of all, by these evidences, which it is for him to interpret as far as his ability extends. The significance of these manifestations, the conditions which call them forth, the diseases to which they belong, and the methods by which the objective signs are elicited are the topics which constitute the first part. In the second part he deals with the distinct and different diseases by which these signs and symptoms are produced. In this rational and orderly manner he instructs the student in the true manner of arriving at a diagnosis. These two parts are necessarily correlated. Studied in conjunction, they are well adapted to train the student to correct habits of thought and observation.

Our author is to be congratulated on the manner in which he has executed his task. His descriptions of morbid processes and the evidences by which they are accompanied is clear and distinct, sufficiently full without being prolix. The work is, consequently, well suited to the purpose for which it was written, and no doubt will receive the commendation of teachers, practitioners, and students. The letterpress is excellent, the plates graphic, and the index serviceable.

Diseases of the Intestines. By Dr. I. Boas, Specialist for Gastro-intestinal Diseases in Berlin. Authorized Translation from the First German Edition, with Special Additions. By Seymour Basch, M.D., New York City. With 47 Illustrations. New York: D. Appleton & Co., 1901.

The author of this treatise has won a distinguished name by his investigations, which have brought before the profession at large a great mass of information derived in large measure from the revelations of modern abdominal surgery. The last fact exemplifies the interdependence of all branches of our profession. Affections of the bowels have hitherto been very imperfectly understood. This work embodies the valuable information which has been

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gained by study of the fæces: a point which has been too universally neglected. The author of this volume reverts to the older and, in some quarters, almost forgotten opinion that the ordinary responsibility for operation on the abdominal cavity should rest mainly upon the physician, while that for the manipulative procedures belongs to the surgeon. In the application of these principles to the treatment of appendicitis the author exhibts a rational caution, and believes that as cases differ so much among themselves we are obliged to be governed principally by the circumstances of each individual case. There are those which demand operation, while others recover perfectly by means of purely medical treatment.

After detailing, in the first part of the book, the various methods by which we are assisted in arriving at a diagnosis, the author proceeds in the second portion to the clinical description of the maladies which have their seat in the bowel, including the rectum. The author's clinical experience is so extensive and his acquaintance with the pathogenesis and pathology of these affections is so intimate that this division of the book is of eminent value.

The book is the production of a master in this line of investigation and practice, and will, therefore, be welcomed by progressive practitioners, who will remember, moreover, the value of the same author's esteemed communications and systematic treatise upon diseases of the stomach, to which the present volume constitutes a natural and consecutive counterpart. The publisher also has performed his part in a style commensurate with the worth of the text.

The American Illustrated Medical Dictionary. For Practitioners and Students. A Complete Dictionary of the Terms Used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and the Kindred Branches, Including much Collateral Information of an Encyclopædic Character, Together with New and Elaborate Tables of Arteries, Muscles, Nerves, Veins, etc.; of Bacilli, Bacteria, Micrococci, Streptococci; Eponymic Tables of Diseases, Operations, Signs and Symptoms, Stains, Tests, Methods of Treatment, etc. By W. A. Newman Dorland, A.M., M.D., editor of the "American Pocket Medical Dictionary." Second Edition, Revised. Handsome Large Octavo, Nearly 800 Pages, Bound in full Flexible Leather. Philadelphia and London: W. B. Saunders & Co., 1901. Price, $4.50, net.

The rapid exhaustion of the first edition of this dictionary is a conclusive proof that it met with a hearty reception by members of the profession and fulfilled a very general requirement. The reason is not far to seek. The book is sufficiently large, but not ponderous. Its definitions are accurate, but brief. The system by which pronunciation is indicated is readily comprehensible. The tables included are valuable for reference. In preparing this second edition the author has included the numerous new terms which have been introduced into medical literature and which are not always easily self-explanatory. For all these reasons Dorland's dictionary is well adapted to suit the needs of the majority of physicians.

Transactions of the American Electro-therapeutic Association. Complete Account of Ninth Annual Meeting, Held at Washington, D. C., September 19, 20, and 21, 1899; also Tenth Annual Meeting, Held at New York City, September 25, 26, and 27, 1900. Illustrated. Pages xv-391. Size, 9 1/4 by 6 1/4 inches. Price, Extra Cloth, $2.00, net. Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

As befits the subject to which it is devoted, the American Electro-therapeutic

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Association is one of the most active of our special societies. Its members are enthusiastically convinced of the value of the electric force as applied to the treatment of human ills, and their convictions are founded upon solid evidence. The society has grown in membership and its transactions in volume. The size of the present number is indicated by the title-page. In referring to the table of contents we encounter the well-known names of those who have done so much to advance our knowledge of the therapeutic potentialities of this method of treatment and to promote interest in the subject: Rockwell, Newman, Apostoli (now, alas! no more), Massey, Scheppegrell, Herdman, Freudenthal, Brower, and others either equally well known or fast looming into prominence as diligent workers in this fruitful field of promise. All who have been named and many others of whom our space must forbid special or detailed mention were the authors of instructive papers communicated to the meeting whose transactions are recorded in the present volume. The value of electricity, both in diagnosis and treatment, is not yet, unfortunately, duly appreciated by the mass of the profession. We would recommend the thoughtful perusal of this volume to every physician in the land. The book is, moreover, issued in a most attractive style.

The Pathology and Treatment of Sexual Impotence. By Victor G. Vecki, M.D. Third Edition, Revised and Enlarged. 12mo, 329 pages. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $2.00, net.

This is the third edition of a successful book. The author has addressed himself to a subject which, in the nature of humanity, must be of perpetual interest, but which has been invested with many false ideas. Even if, as is undeniably often the case, the interest springs from morbid sources, that fact, nevertheless, adds to the importance of the subject to the physician. Sufferers from actual or fancied disease of the genital apparatus need judicious advice as much as any class by whom we may be consulted. It becomes a plain duty to qualify ourselves to instruct them according to the best knowledge before the profession. The author of this book goes a step beyond this point, for he has worked out convictions of his own upon the subject which he anounces with force and clearness and, moreover, gives the grounds upon which he has arrived at his conclusions. These appear to us to be in the main well founded, although we object to the somewhat acrid tone of controversialism and implied personality which he has injected here and there into his book. The book, however, represents an independence of observation and deduction which is one of the best features that any scientific book can have.

Suggestion and Osteopathy. The Progressive Osteopathic and Suggestive Therapeutic Publishing Company, Cleveland, Ohio, 1901.

Suggestion in the practice of a judicious and conscientious physician may perform a beneficial part in properly selected cases. Under contrary conditions it is capable of doing equal harm. Massage performed by a skillful manipulator is of efficacy in a wider field. The combination of suggestion and manipulation explains whatever of good osteopathy may sometimes accomplish, but the attempt to erect a system of medicine upon such a limited basis is without intellectual value. Osteopathy—whether stationary, progressive, or retrogressive—is a delusion and a snare. The little book before us throws no light upon the doctrines of osteopathy, but is simply a farrago of odds and ends by different writers and upon miscellaneous subjects. The book is destitute of either intellectual or literary merit.

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COMMERCIAL NEWS.

CHRONIC GASTRITIS. REPORT OF A CASE.[1]

By Charles J. Pollard, M.D.,

PRINCETON, KY.

Chronic gastritis is a condition of the stomach almost daily met with in this country in a more or less well-developed form, and to successfully treat these cases as they come to us is a goal we all desire to reach. This disease is almost invariably associated with more or less indigestion, manifested by many protein symptoms and accompanied by more or less active vomiting of the ingested materials. The gastric secretions are almost without exception abnormal, many fermentative changes taking place in the stomach-contents, thus necessitating lavage more or less frequently for its relief.

The report and treatment of the following case, while not strictly in accord with true homœopathic prescribing, perhaps was so prompt in effect and has proved so lasting in results that I shall be willing to shoulder any censure that may be heaped upon me.

On May 21, 1900, Mr. H. came to me from an adjoining country and applied for treatment, having been through the hands of two old-school physicians, in the last four years. His age was 57; average build, lean; languid; dull, expressionless eyes; coated tongue; dirty, sallow-colored skin, gave history of indigestion for last four years, characterized by eructations of sour materials, pain after eating, nervous depression, sleepless nights, constipation alternating with occasional attacks of diarrhœa, vomiting (not marked), loss of flesh, weak pulse, flabby muscles; in fact, a typical case of gastric catarrh in its chronic form.

From the history of treatment and the many symptoms pointing to the drug, I prescribed nux vomica and diluted muriatic acid after meals, believing the digestive fluids deficient in quantity. The patient reported some improvement in two weeks, his medicine was repeated and he was cautioned about diet, as formerly. He reported again on June 21, 1900, and gave history of an attack of rheumatism one week before, but still improving slowly of his stomach trouble.

In the meantime I had been studying this case arduously. I read of a case having been successfully treated with hydrozone and glycozone; then I concluded to use these as adjuvants when the patient returned. Owing to impossibility of regular lavage, I furnished patient with 2 ounces of hydrozone and directed him to add 1 ounce to a quart of sterilized water and take $^1/_2$ tumblerful half an hour before meals.

This, you will perceive, would procure a clean surface for the oncoming meal, though for the first few days it produced some discomfort, he said, from accumulation of gas. Immediately after meals he was ordered to take a teaspoonful of glycozone in a wineglassful of water and 3 grains of nux vomica.

The next report was July 16th, when the improvement was very marked in his general appearance; patient was then able to eat without any dread of pain or discomfort. Prescription was repeated and by August 1st all signs of any lesion of stomach had disappeared. Patient claimed to be well for the first time in four and one-half years.

Treatment was discontinued, of course. I saw this patient recently, and he had practically no trouble since last August. Dr. Finlay Ellingwood, in his excellent "Materia Medica," says glycozone is one of the best manufactured products of the present time in its action upon enfeebled disordered stomachs, especially if there is

[1] Read before the meeting of Kentucky State Homœopathic Medical Society, May 29 and 30, 1901.

(Continued on Advertising Page 17.)

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A scientific combination, assuring absolute therapeutic effects.
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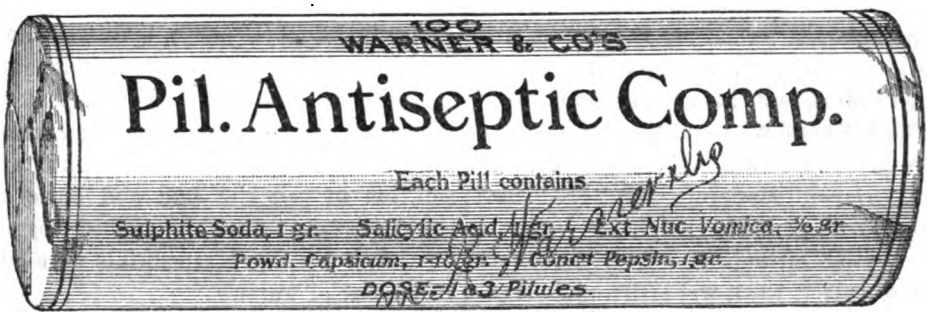
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ulceration or catarrhal gastritis. It is a most efficient preparation, and I shall use it freely in the future.

Sanmetto in Enuresis.

"I used sanmetto in a case of a young girl thirteen years of age, who was becoming a regular 'wet-the-bed.' I had tried all the usual remedies, but failed to make a cure; so I tried sanmetto, and the result was a perfect cure, as she had not been troubled since the first treatment with sanmetto, and I inquired to-day, and was informed that she had attended school, traveled two hundred and fifty miles, losing two night's sleep, but not once has the trouble returned; therefore I call it a cure in every sense of the word, and another triumph for sanmetto. I can say that in over forty-six years' practice I have never found a medicine that is as near a specific for the purposes intended as sanmetto."—William H. Anderson, M.D., Soda Springs, Idaho.

The Skin.

It has long been recognized that the gouty and rheumatic diatheses underlie a great many conditions coming under the care of the dermatologist. So important is the relation of morbid diathesis to skin disease, that the French school has long dwelt upon what it has termed the "dartrous," or "herpetic," diathesis, supposed to underlie many cases of eczema, and which is closely associated with lithæmia or rheumatic blood-taint. All forms of eczema—and especially the chronic variety—are most rationally treated by the tri-iodides. Stubborn cases of psoriasis have yielded to this remedy alone. From the fact that tri-iodides contains iodine in an available form, it is obvious that the formula must be beneficial in the majority of syphilitic skin-lesions.—Medical Essays.

(Continued on Advertising Page 18.)

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A CASE OF CHARBON IN MAN SUCCESSFULLY TREATED BY THE USE OF BOVININE.

By John T. Lowrey, M.D.,

TICHNOR, ARK.

For the last two or three months there has been a wide-spread epidemic of charbon in certain counties of the States of Mississippi and Arkansas, notably in the counties of Bolivar, Mississippi; and De Shea, Phillips, and this (Arkansas) County, Arkansas, whereby several thousand horses, mules, and cattle have been destroyed.

Mr. David McClannahan, aged 46; weight, 180 pounds; height, 6 feet; a very worthy citizen of this vicinity, on Sunday, July 7, 1901, was assisting a neighbor in doctoring six cases of charbon among his horses and mules. In handling these diseased animals some of the virus adhered to his hands, and without cleansing them he carelessly scratched an abraded surface of a boil upon his thigh, and thus became inoculated. On the following day, the eighth, he took a chill, followed by fever, which continued without intermission until I saw him on the morning of July 16th. During all this time he had no treatment except such as the members of his family gave him.

I found him with septic fever; temperature, 102° F.; pulse, 110; weak respirations, 30; tongue dark, almost black, cracked, and so dry that he could scarcely articulate. While dozing or sleeping there was flaxatatio. At this visit I was not informed of his contact with charbon.

I prescribed a calomel purgative, quinine and acetanilid combined, and whisky, to be given in the form of toddy, milk punch, or eggnog, all he would take.

July 7th. Found temperature 102° F.; pulse, 96; respiration, 26; tongue somewhat softened. At this visit I found the true cause of the trouble. On the inner surface of the thigh, about two inches below Poupart's ligament, was an ulcer, circular in shape, about the size of a silver half-dollar, and two inches lower was a similar ulcer. These were both of a peculiar, ashy appearance, and firmly adhered to bottom and edges. The thigh was swollen to twice its normal size, and very much inflamed. I continued the above treatment, except that I gave $^1/_8$ grain calomel every four hours; in addition sprayed ulcers with bovinine, followed with spray of solution of hydrogen dioxide. This hydrogen-dioxide spray was followed upon the bovinine spray as often as necessary. For the following twenty-four hours the parts were sprayed alternately every hour with bovinine and a solution of salicylic acid and boric acid, equal parts, thoroughly rubbed together. Of this, 2 heaping teaspoonfuls were added to 1 quart of water.

July 18th. Temperature, 101° F.; respirations, 20; pulse, 85, fuller; tongue softening and clearing at point and edges; ulcers extending in all directions at a fearful rate; breaking down, softening, and discharging a foul, ichorous fluid. Continued treatment as above.

July 19th. Temperature, pulse, and respirations normal; tongue soft and free from coating. Ulcers have united and are extending at a fearful rate in all directions. Quit calomel and acetanilid; give a No. 2 capsule full of quinine sulphate every four hours, and a teaspoonful bovinine in milk, water, or whisky every two hours. Continued the bovinine and antiseptic sprays as before. At this time and continuously thereafter the skin and kidneys have functionated properly. Appetite good, stomach retains medicine and nourishment. Some gangrenous points showing here and there upon edges of ulcer. Two new ulcers, each about the size of a silver quarter, showing same appearance as the others; these are located between the first ulcers and knee.

July 20th. Temperature, pulse, respirations, and tongue same as last day. Original still extending and entirely covered with gangrene, which emits a horrible odor. Continue above treatment, with the addition of frequent irrigations of hot water to

(Continued on Advertising Page 20.)

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Packer's Tar Soap.

PURE, ANTISEPTIC, EMOLLIENT.
A HYGIENIC LUXURY.

MADE OF VEGETABLE OILS,
PINE-TAR, AND GLYCERINE.

Excellent for use in the treatment of Dermatic Diseases, such as chafing, eczema, erythema, seborrhœa, herpes, psoriasis, etc.; for cleansing ulcers, foul wounds, fetid discharges, bed-sores, and similar conditions. Superior to grease or oils for making gynæcological examinations; they are uncleanly and often loaded with germs of disease; this soap, however, is CLEANLY, ANTISEPTIC, does not corrode, but leaves the skin smooth, soft, and supple. For the nursery, bathing, toilet, and shampooing purposes it is unrivalled. 25 cents. Druggists, or

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A Successful Intestinal Antiseptic and Antiphlogistic

Ichthyol and Formaldehyde are chemically combined in this powder to form an ideal remedy for typhoid and tuberculous diarrheas.

DOSE: 10 to 30 grains.

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"We have come to rely on it as one of the best drugs of its class."—Report to Governor of N. H. from State Insane Asylum.

DOSE: 2 to 4 drams of 10 per cent. sol.

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Dr. C. H. Harriman, Whitinsville, Mass., "I believe Pil Orientalis is the nearest to being a specific for impotency of anything ever recommended."

Dr. W. H. Judson, Danielson, Conn., "Gave satisfaction in a case where everything else had failed."

Dr. G. W. Seaton, Clayton, Ind., "Relieved a case of impotency of fourteen years' standing."

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ulcer, applied with syringe. The two new ulcers are increasing in all directions.

July 21st. Pulse, tongue, respiration, etc., same as last day. Clear line of demarkation around the edges of the gangrenous ulcer; that portion covering the base of the ulcer is loosened or exfoliated. With forceps and scissors I clipped away the gangrenous mass, following the line of demarkation. Beneath this the surface presented a more healthful appearance, showing a secretion of pus. The two new ulcers have run together and coalesced with the original, forming an immense, irregular, triangular-shaped sore, ten inches up and down the thigh. After removing this gangrenous mass, I could have cupped my fingers upon my thumb and buried the hand in this cavity just beneath Poupart's ligament. I will try and describe the area as it now appears: Beginning at the anterior crest of the ilium, following Poupart's ligament; thence by the side of the scrotum to the perineal raphé, which at several points it crossed; following this line to the anus, which it invaded, partially destroying the sphincter ani; extending irregularly down both sides of ulcer for a distance of ten inches. On this day appeared an abscess on the posterior aspect of the thigh, a little above the popliteal space, two inches in diameter. This followed the usual course of abscesses and discharged into the ulcer.

July 24th. The swelling of thigh has subsided. The patient is greatly emaciated. Increase bovinine to tablespoonful every four hours.

July 27th. Great improvement; ulcer filling rapidly with healthy granulations; omit quinine; continue other treatment.

July 30th. Improvement uninterrupted. Continue treatment.

August 11th. To-day for the first time the patient was placed in a chair. Uninterrupted improvement; emaciation has disappeared; he is gaining flesh rapidly, and the indications are that he will present his usual healthful appearance by the time the ulcer is healed.

Continue bovinine spray every four hours. Antiseptic spray twice daily, and bovinine internally as before.—Medical Brief, October.

The Antitubercular Serum of Raw Meat.

The raw-meat treatment of phthisis recommended by Grancher, Debove, Darenbert, and others has failed to become very generally adopted, owing to the practical difficulties in the way of its application.

The work of MM. Richet and Hericourt on the specific action of raw meat is not due to mere accident, but to a careful sifting out of observations carried on during a period of five years. In a communication to the Académie des Sciences (February 26, 1900) these authorities proved that cooked meat does not possess the specific properties of raw meat or prevent the development of the disease: a supposition hitherto unsupported by scientific evidence. The most original part, however, of their investigations is that the therapeutic activity of raw meat is solely concentrated in the portion soluble in water, which part is contained in the muscular plasma, and that raw meat does not act as a super-alimentary agent, but somewhat as a lymph-vaccine, having a distinct and specific action against tuberculosis. Their long and laborious investigations, therefore, throw an entirely new light on the raw-meat treatment.

Dogs rendered tuberculous by injection into the saphenous vein of the tibia, of from $^1/_2$ to 1 cubic centimeter per kilo of the animal's weight of cultures of human tuberculosis invariably perished unless submitted to the raw-meat treatment within from fifty to sixty days. On the other hand, if, after inoculation, these animals are exclusively fed on raw meat, they live much longer (ten or twelve months, often more), and some appear to be quite cured. The beneficial action of the raw meat is shown, even if the animal is fed on

(Continued on Advertising Page 22.)

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—be it manifested as nervous exhaustion, malnutrition, or anæmia—is the condition that

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speedily changes to vigor of nerves, blood and tissues.

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it long after the infection has commenced and even when the state of cachexia is extreme; the appetite returns, while strength and weight increase rapidly. Dogs which are fed on raw meat before inoculation have great resisting power, and are only inoculated after repeated and persistent attempts to infect them. The authors of this discovery, therefore, have applied to this form of opotherapy the term zomotherapy (from ζωμος, meat-juice).

The muscular plasma, called zomol, is filtered rapidly as soon as expressed from the meat, and evaporated at a low temperature until converted into small dry scale. By some authors the fluid portion obtained by pressure from "living" tissue is known as muscle-plasma, and as muscle-serum when expressed from "dead" muscular tissue, and a product discovered by Kuhne (said to form the greater part of the albuminous substance of "dead" muscle) is variously called myosin, paramyosinogen, and muskulin. Other authorities (Chittenden, Cumins, Halliburton, Nasse, Siegfried) have isolated various principles from the soluble constituents of raw meat.

Dissolved in water, zomol partakes of all the properties of fresh muscular plasma, and replaces it in all cases with advantage. It can also be administered in the dry, liquid, or semiliquid state with food, and is quite palatable. Zomol is especially indicated for rectal alimentation, and can be given in this way where patients object to it otherwise or where buccal alimentation is dangerous, as in typhoid fever, ulceration of the stomach, etc. The daily dose should be at least 10 grammes (1/3 ounce), about 2 or 3 teaspoonfuls, which is equivalent to the soluble constituents of 200 grammes of fresh meat.

A most important memoir was presented by Dr. Hericourt to the Academy of Medicine in June, 1901, dealing very specifically with thirty-five cases of consumption, and says the whole thirty-five have been cured by the zomol (or serum of raw meat) treatment. The cases are given with considerable detail, and Hericourt's standing is so high that his claims are accepted without question. Now that the antitubercular properties of raw meat have been so thoroughly demonstrated and that we have a convenient mode of administering it in the form of zomol, some progress should be possible in the curative treatment of phthisis.

The Coming Epidemic.

The season will soon be here for the usual epidemic of coughs and colds, with thousands of cases slow to respond to ordinary treatment. The value of petroleum at the very beginning of throat and lung troubles is acknowledged by leading physicians of this country and England, the results being quick and decisive. The use of opiates or other narcotics that soothe and quiet temporarily is to be avoided. They disturb digestion and cause constipation, frequently doing more harm than good.

Angier's petroleum emulsion with hypophosphites soothes and heals the inflamed mucous membrane, and is the first thought of physicians who have used it in the treatment of coughs and bronchial troubles generally. Unlike codliver-oil, it does not upset the stomach or disturb digestion, but puts the organs in a condition to assimilate and digest nutritious food, and it may be prescribed with confidence in all diseases where codliver-oil has been heretofore indicated.

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An Act to prevent the substitution of any drug in filling physicians' prescriptions by druggists in the State.

Section 1. Be it enacted by the General Assembly of the State of Tennessee. That it shall be unlawful for any corporation, firm, or person, or any combination or association of corporations, firms, or persons

(Continued on Advertising Page 24.)

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engaged in the business of buying, compounding, and selling drugs and medicines to substitute any drug or medicine in lieu or instead of that given to the patient by the physician on the face of his prescription.

SECTION 2. Be it further enacted, That it shall be unlawful for any agent or employee of such person, firm, or corporation or association or combination of persons, firms, or corporations engaged in the business of buying and selling drugs in this State to substitute any medicine for the specific medicine mentioned in the physician's prescription.

SECTION 3. Be it further enacted, That any person, firm, or corporation violating the provisions of this act or aiding or abetting the violations of the same shall be guilty of a misdemeanor, and upon conviction shall be fined not less than $25 nor more than $100 for each and every offense.

SECTION 4. Be it further enacted, That this act take effect from and after its passage, the public welfare requiring it.

Approved April 3, 1901.

BENTON MCMILLIN, Governor.

E. B. WILSON, Speaker House of Representatives.

NEWTON H. WHITE, Speaker of the Senate.

A true copy, JOHN W. MORTON, Secretary of State.

"HYPOTONE."

Dr. George F. Butler, Professor of Materia Medica and Therapeutics, College of Physicians and Surgeons, Chicago, recently elected chairman of the Section on Therapeutics in the American Medical Association, speaks in pronounced terms regarding the new hypophosphite preparation "hypotone," which is a tonic wine of hypophosphites, instead of being a syrupy preparation. Dr. Butler says: "Hypotone is one of the best tonics in cases of neurasthenia that I have ever used. I have given it to a number of our patients at the Alma Sanitarium with the most satisfactory results. The fact that hypotone is not put up in a syrup renders it of great value, because it does not increase the gastric fermentation which is usually present in these neurasthenic cases. I have no hesitancy at all in pronouncing hypotone one of the best general tonics and reconstructives that I have ever used. I am also glad that the manufacturers give the formula freely to the profession. We thus know exactly what we are using: hypophosphites, nux vomica, and coca in a good quality of California wine. These are old and tried remedies, and the combination is perfect. From present results, I expect that hypotone will be one of the most frequently used tonics in the Alma Sanitarium."—Texas Medical Journal, October.

NEUROTIC CONDITIONS OF CLIMACTERIC PERIOD.

This form of neuroses is considered by the latest and best authorities as essentially hysterical and neurasthenic: a statement that seems borne out at least in part by the predominance of the various reflexes. How far the latter condition may be due to irritation of the nerve-ends in the ovary depends, it would seem, on the degree of atrophy and consequent contraction of the tissues. The ordinary physical disturbances due to menstruation in some cases persist and cause various phenomena and often much annoyance. And while many of these symptoms may be, and some of them doubtless are, neurasthenic, it will be found wise not to abandon special medication. In the greater number of cases two 5-grain antikamnia tablets, repeated every hour if necessary, will be found to give entire relief. Under this treatment the reflexes are naturally abolished, the nerves are soothed, and the system returns to its normal equipoise. Antikamnia tablets are essentially pain-killers, yet in this instance they nullify the reflexes almost precisely after the same physiological fashion, so to speak,

(CONTINUED ON ADVERTISING PAGE 25.)

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THE

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Clinical Lectures.

ECZEMA.[1]

BY JOHN V. SHOEMAKER, M.D., LL.D.,
Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

CASE I. SUBACUTE ECZEMA.

GENTLEMEN: I am fortunately able to bring before you this morning several cases which illustrate different forms and stages of a single, widely-spread, and common malady of the skin—one which, however, owing to the multiplicity of the guises in which it may present itself, is not always readily diagnosticated.

The first case is that of a man, 30 years of age, who, for four years, has been afflicted with an itching eruption which, beginning upon the back in the form of vesicles, has spread to the greater part of the body. At the present time it exists upon the back and front of the chest, upon both the upper and lower extremities. The surface is of a bright-red hue. There are no vesicles now in existence. I find an infiltrated skin, which in many places is covered with scales and crusts. The disease is evidently of inflammatory character. In the history of this case there have been periods of improvement and relapse. The lesions before us are in part due to an exacerbation, or, in other words, we are dealing here with a subacute inflammation.

The gastro-intestinal mucous membrane is likewise the seat of disease. The man suffers much from flatulence, wakes in the morning with a bad taste in his mouth, and his tongue is heavily coated. He is the victim of chronic gastro-intestinal catarrh, and the disease of the alimentary canal has given rise to that of the integument. You know that the skin and mucous membrane are directly continuous, and differ but little in anatomical structure. When there is disease of the alimentary canal the integument is very apt to be attacked. Conversely, many cutaneous affections have their counterparts upon mucous membranes.

CASE II. SUBACUTE ECZEMA.

The second patient is a man, 50 years of age, who was suddenly attacked ten days ago, two days after he had been shaved, by a "breaking out," as the popular expression has it, and which, in this instance, is a just description. The first sign of disease was in the form of small blisters upon the lower lip. From this situation it rapidly spread until now the cheeks, the chin, and the forehead are involved. In the last-named situation the lesions are small, red papules. Upon the cheeks there are scales. There are crusts and infiltration below the

[1] Delivered in the amphitheater of the Medico-Chirurgical Hospital.

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lower eyelids, and the Meibomian glands are implicated. The man suspected that his disease originated in the barber-shop. Beyond this local cause he knows of nothing else to which he could attribute the attack. He had never before suffered in the same way. His general health seems good. Itching of moderate severity, but no burning, has attended the course of the malady.

The abruptness of the attack and its short duration ally it to an acute inflammation. It should, however, be termed subacute, since secondary lesions are already present.

Case III. Papular Eczema.

A man, 32 years of age, has had an eruption upon the forearms for three weeks. Itching was the first manifestation of anything wrong. When he examined the parts he found them covered with numerous small, red pimples, as he calls them: papules in scientific language. The surface was decidedly rough. There was, he declares, neither water nor matter; that is, neither serum nor pus. The itching has been extreme. The man felt as if he could tear the skin with his nails. He has no idea as to the cause of the disease. He is a salesman by occupation. His skin never comes in contact with dyes. He has been troubled by indigestion, and is of a nervous temperament. He is at times troubled by flatulence, vertigo, and palpitation. His bowels act regularly, but his tongue is heavily coated and its papillæ are enlarged. He neither uses tobacco nor drinks any kind of liquor.

This, like the first case, is due to gastro-intestinal disorder.

Case IV. Chronic Eczema.

A man, 35 years of age, boiler-maker by trade, has had for more than a year an eruption upon the forearms and hands. It began in a cluster of vesicles about the size of a twenty-five-cent piece. To-day nearly the whole of the forearms is involved, and upon the back of each hand is a nearly circular patch. The man knows of no cause for the eruption unless it may depend upon his habit of rolling up his sleeves when at work. His general health is good. He works at his trade every day with unabated vigor. He has never had any decided attack of acute inflammatory rheumatism, but during the past week has suffered from pain in the shoulders and knees. The man is undoubtedly lithæmic, and to this condition we may, in all probability, ascribe the origin of the skin disease.

Case V. Chronic Eczema.

A man, aged 65 years, presents an eruption upon the back, especially between the shoulders, and along the inner side of the right ankle, extending a little above the joint. The disease began four months ago in the form of small papules in the vicinity of the ankle. They were attended by intense itching. To-day the principal lesion observed is infiltration, with fissures of the skin. The tongue also is enlarged, cracked, and painful. This patient is likewise the victim of digestive derangement of long duration.

From the foregoing histories and from inspection of the pathological alterations of the skin we learn several facts of importance and of direct bearing upon the diagnosis. It is manifest that we have before us examples of an inflammatory affection which may begin and exist in an acute form, but which may persist for long periods and give rise to lesions belonging to that class known as secondary.

The disease occasions intense itching. All the cases have much in common. We have observed erythema, papules, vesicles, crusts, and infiltration. Among the inflammatory diseases of the skin accompanied by exudation eczema is the only one which corresponds to the composite picture which is now before our eyes in the

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persons of these five patients. In its evolution and progress eczema displays a multiplicity of phases, and it is often difficult indeed to perceive the bond of connection which exists between dissimilar forms. Yet when we fix firmly in our minds the essential primary and secondary lesions of eczema, and trace their presence in case after case, we gradually arrive at that grasp of knowledge which can rarely be puzzled or deceived by any or all of its protean manifestations. We hold the key, as it were, to the labyrinth.

The essential traits of eczema are as follow: An acute or chronic inflammation of the skin beginning in any one of four primary lesions: erythema, papules, vesicles, or pustules. In the course of the disease many secondary lesions are produced. All forms of the disease being accompanied by marked itching, excoriations are caused by the scratching by which the patient involuntarily endeavors to relieve his distress. Vesicles and pustules rupture or are torn open by the finger-nails, and the result appears in the form of crusts. The outer layer of the epithelium may be detached by the morbid process going on beneath, and hang loosely attached as scales. Old infiltration hardens the skin, which, becoming inelastic, is torn into cracks, fissures, or rhagades by the contraction of muscular fibers. All or nearly all of these features we have detected in the cases before us, and hence our conclusion that they represent several forms and stages of one and the same disease, viz.: eczema. It is not usual for any single case of this malady to remain of the same type from beginning to end. It may commence as erythematous and become transformed into a papular, vesicular, or pustular eczema. In the present series the first, second, and fourth cases began as vesicular, the third and fifth as papular eczema. The first and second cases represent the subacute, while the third, fourth, and fifth are of the chronic variety. We furthermore designate the disease in accordance with the character of its predominant lesion. Thus, the third and fifth cases are examples of papular eczema. In other instances we may speak of erythematous, vesicular, or pustular eczema. In any of these forms we may witness the acute, subacute, or chronic stage. The different varieties of eczema exhibit some predilection for age and locality. Papular eczema is most common in adults and old people, as is exemplified in our cases of to-day. Pustular eczema particularly attacks the face and scalp of children.

This recital of the chief clinical features of eczema will be of assistance in framing the diagnosis. Erythematous eczema must be distinguished from simple erythema by the short course of the latter and the absence of inflammatory symptoms, erythema being an engorgement or hyperæmia; from scarlet fever by the constitutional symptoms and the sore throat characteristic of the fever; from erysipelas by the absence of fever and constitutional depression, by the peculiar hue of the skin in erysipelas, and by the tingling, prickling, and smarting sensations which the latter disease produces. The vesicles of herpes are larger and flatter than those of eczema. Those of pemphigus are of still larger dimension. Dermatitis is the result of traumatic causes, and disappears with suppression of the cause. The papules of lichen—pink, flat, and tipped with tiny scales—develop much more tardily than those of eczema; in lichen, moreover, there is apt to be impairment of the general health, while debility is scarcely produced by eczema. Certain cases of chronic eczema attended by scaling may resemble psoriasis, but the characteristic scales of the latter affection are much thicker and firmer than those of eczema and are more adherent to the surface upon which they are set, until, in the process of exfoliation, they are shed. The patches of psoriasis are clearly outlined, and stand out in sharp contrast to the surrounding tracts of healthy integument.

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The erythema of eczema shades gradually into the adjacent tissue. Excoriations may suggest scabies, but in that affection we can detect the itch-mite and its burrows. An eruption upon the bearded face, as in the second case of to-day, requires us to exclude sycosis and ringworm. Sycosis habitually, eczema only exceptionally, loosens the hairs; tinea barbæ can be infallibly differentiated by the demonstration of its parasite.

Eczema is one of the commonest disorders of the skin. It occurs in both sexes and at all periods of life. It arises from a host of constitutional and local causes. Imperfect digestion is one great cause. Hepatic affections, gout, rheumatism; disease of the kidneys, lungs, or heart; neuralgia and other disorders of the nervous system are among the leading internal causes of eczema. This cutaneous affection may be due to the influence of dyes, atmospheric vicissitudes, prolonged contact with water, the action of many local irritants, and the exposure incidental to certain occupations.

It is of interest to note that three of the cases now before us are dependent upon gastro-intestinal ailments, one upon the rheumatic diathesis, and one appears to be due to local irritation. The fifth case presents us with an uncommon manifestation: eczema of the tongue as well as of the skin. You must bear in mind, also, that eczema in some instances attacks the finger- or toe- nails.

We are now ready to take up the subject of the treatment of eczema. This is such a wide subject that I shall not be able to give it a full and detailed consideration on this occasion. I shall avail myself of another opportunity of dwelling more particularly upon the matter of treatment. As you may infer from what has already been said, treatment will vary considerably according to the cause of the disease, the age of the patient, the locality involved, and a number of other circumstances. It is my aim, however, to instruct you in the general principles which should actuate our treatment, and with a comprehension of fundamental facts one learns to modify the general plan in such a manner as to meet the needs of individual cases. First, as regards the cardinal rule of management, we have an unerring guide in the cause of the cases now in your presence. Remove a cause, and the effects must tend to subside. The local management of eczema is by no means to be despised, but, if we can satisfy ourselves that a given case depends upon internal causes, we will inevitably rely largely upon internal medication addressed to the systemic condition. Treatment consists of both general and local measures. The nature and strength of external applications must vary very much according as the disease is in the acute or chronic stage. Remedies which would act beneficially in the latter variety are quite capable of being injurious in the former contingency. Always it is advisable to begin with a weaker and feel our way by degrees to a stronger preparation than to begin with an active course which may aggravate the disease and displease the patient.

The acute form of eczema demands mild and soothing remedies. We have here an actively engorged condition of the capillary blood-vessels with a heightened sensibility of terminal nerve-fibers. Depletion, not stimulation, should be our object. On the contrary, chronic cases will improve under a stimulating plan of treatment. In them the local capillary circulation is sluggish, an exudate has been poured out into the interstices of the tissue, and we need increased activity of the absorbent system in order to promote its removal. In acute cases lead-water and laudanum, lime-water, equal parts of glycerin and water, 1 or 2 drachms of borax or sodium bicarbonate to the pint of water, weakened fluid extract of hamamelis, a drachm of carbolic acid to a pint of water, lotions or ointments con-

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taining zinc oxide, bland or slightly astringent dusting-powders,—such as magnesium carbonate, zinc carbonate, bismuth subnitrate, — ointments containing the same substances, black wash, etc., are among the applications which prove most successful. In chronic eczema it is desirable to clear the surface of crusts by the use of a warm-water dressing or an oil, and subsequently employ, as an ointment or a wash, such substances as tar, oil of cade or of white birch; betanaphthol, naphthaline, mercuric bichloride, ammoniated mercury, sulphur, etc., are of service. In old and extremely rebellious cases silver nitrate, tincture of iodine, cantharidal collodion, and other strong cauterants, cautiously employed, have sometimes proved effectual.

Returning to the patients now in our presence I will prescribe for the first, the man who has gastro-intestinal catarrh as well as eczema, the following mixture:—

℞ Acidi hydrochlorici diluti, *m*c.
Pepsini puri, gr. c.
Glycerini, f℥v.

M. Sig.: Two teaspoonfuls after each meal.

This mixture exerts a salutary influence upon the glands of the gastro-intestinal tract and upon the liver. In such an irritable condition of the mucous membrane, as indicated by the tongue, arsenic is contra-indicated. Its administration would aggravate the disorder. Externally there has been applied:—

℞ Acidi carbolici, *m*xv.
Liquor calcis,
Aquæ hamamelidis destillatæ, of each, f℥v.
Pulveris zinci carbonatis impur., ℥j.
—M.

The second patient shall receive a similar combination as an internal remedy, as he complains of a lack of appetite.

℞ Acidi hydrochlorici dil., *m*x.
Tincturæ nucis vomicæ, *m*v.
Pepsini puri, gr. ij.
Glycerini, f℥ij.

M. Sig.: One such dose to be given after each meal.

Locally:—

℞ Hydrargyri chloridi mitis, gr. x.
Unguenti zinci oxidi, ℥j.

M. et ft. ungt.
Sig.: For external use.

The third patient must be placed upon a simple and digestible diet, avoiding starches and sugars, and for medicine shall have:—

℞ Argenti nitratis, gr. $^1/_8$.
Syrupi acaciæ, f℥j.

After each meal.

As an external application, which will improve the condition of the integument and relieve the itching:—

℞ Camphoræ, gr. x.
Acidi carbolici, *m*x.
Chloralis hydratis, gr. xx.
Sulphuris sublimati, ℥ss.
Unguenti zinci oxidi benzoati, ℥j.

The quantity of sublimed sulphur will, at the end of a week, be increased to 1 drachm.

The fourth patient, of rheumatic tendency, shall have internally:—

℞ Potassii iodidi, gr. cc.
Tincturæ cardamomi comp., f℥ij.
Aquæ cinnamomi, q. s. ad f℥v.

M. Sig.: Two teaspoonfuls three times a day.

Locally:—

℞ Acidi salicylici, gr. xx.
Sulphuris sublimati, gr. xxx.
Creosoti, *m*x.
Pulveris zinci carbonatis, ℥j.
Unguenti zinci oxidi benzoati, ℥j.
—M.

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The fifth and last patient will also be benefited by silver nitrate:—

℞ Argenti nitratis, gr. iij.
Syrupi acaciæ, f℥iij.
M. Sig.: A teaspoonful with each meal.

He shall have the following ointment:—

℞ Sulphuris sublimati, 3j.
Chloralis hydratis, 3j.
Camphoræ, gr. xx.
Acidi carbolici, gr. xv.
Unguenti zinci oxidi benzoati, ℥j.

PNEUMOTHORAX.[1]

By Professor Hayem,
PARIS, FRANCE.

Gentlemen: The patient whom I recently examined in your presence has been attacked by pneumothorax: that is, a diffusion of air into the pleura. A brief review of his case is as follows: He is 28 years of age, of robust build. He had never previously been ill, but one of his two brothers died of phthisis at the age of 28, and, of three children, two died at an early age, viz.: four months and two and a half months, respectively, from meningeal symptoms. These statements suffice to show that he comes of tuberculous stock.

His illness began in the month of August last, when, in the midst of apparent health, he was attacked by a violent cough, occurring after meals and terminating in vomiting. Although he continued to work, he lost flesh and had abundant night-sweats. At this epoch he was pronounced tuberculous, and placed upon creasote. His condition, however, grew worse and worse, he spit blood, and, on returning from a military service of twenty-eight days, he was assailed, on the 6th of March, after one of his customary fits of coughing, by an intense pain in the side, with a sensation as if something had been torn away; this was followed by extreme dyspnœa. A blister was applied, and the next day he entered the hospital. The diagnosis presented no difficulty. The patient was cyanotic; his respiration was 50 to the minute. He lay upon the affected side in order to give increased scope of movement to the healthy lung. He exhibited orthopnœa. The temperature, at first 37.5° C. (99.5° F.), ascended within a few days to 39° C. (102.2° F.). The pulse was weak and about 120.

Upon examining the chest the right side was found to be enlarged, with an increased width of the intercostal spaces beginning at the nipple. On the same side, behind and extending all the way upward, there was complete absence of thoracic vibration and vesicular murmur. Upon deep respiration an amphoric murmur was heard. There was also rather frequent metallic tinkling. The voice and the cough likewise possessed an amphoric tone. The liver was pushed downward and the heart to the left, its apex beating six centimeters (about 2 1/3 inches) outside the mammillary line. There had evidently been an escape of gas into the pleural cavity. The patient suffered from pneumothorax.

This condition remained almost stationary until March 15th. At that time Hippocratic succussion revealed the existence of a liquid effusion at the base of the chest. It is generally the case that a liquid is added to a gaseous effusion, constituting hydropneumothorax. On April 3d, as dyspnœa was increasing, the chest was aspirated, and a liter and a quarter (about 35 ounces) of clear, sero-fibrinous fluid was withdrawn; this assumed a gelatiniform consistence at the end of some hours. A notable improvement followed this operation.

To-day the patient is in rather satisfactory condition, but all the signs of hydro-

[1] Clinical lecture delivered at the Hôpital Saint-Antoine. Translated for The Medical Bulletin from La Tribune Médicale for July 10, 1901.

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aërial effusion are still present. There is manifest amplification of the right side of the chest, recognizable upon direct examination, and displacement of the neighboring organs, viz.: the heart and the liver. There is almost total disappearance of the subclavicular depression of the affected side. To this considerable thoracic enlargement, which is itself a sign of great value, are added the following, which justify a decided diagnosis: There is a zone of dullness at the base of the affected side, and above this is an area which, on the contrary, presents an exaggerated sonorousness. There is an absence of the vesicular murmur over all the same side. One can barely distinguish an enfeebled murmur in a space of two centimeters (about $^{3}/_{4}$ inch) in the subclavicular region, where the compressed lung is imprisoned and where a tympanitic sound is produced by percussion. In fine, there is complete apnœa, and respiration is replaced by a blowing sound with an amphoric timbre. In deep inspiration and efforts of coughing metallic tinkling is produced. Trousseau indicated what he called a brassy sound perceived upon auscultation of the posterior portion of the thorax while percussion is made in front by means of two coins. This sign was not found in the present instance, but it affords useful evidence in certain cases.

All these signs which I have just enumerated are not invariably found in every case and do not all possess the same worth. You may ask which are the most important among them, which more especially characterize the disease? It results from a study of the signs, which to-day are very numerous in this patient, that the most important, the most significant, is the absence of thoracic vibrations and of vesicular murmur. The co-existence of both signs permits us to affirm the existence of air in the pleural sac. As regards the tympanites: if it has not the importance of the two preceding signs, this is partly due to the fact that it is very variable, that it may be diminished by the presence of false membranes, more or less thick, and also because, in proportion to the augmentation of the collection of air the chest-walls expand; the tonality is changed and is replaced by some degree of dullness. For such reasons tympanites has not the same significance as the absence of vibrations coincident with apnœa. Total apnœa is seldom observed except in connection with pneumothorax. You know that in liquid effusions we are able to hear the respiratory sound, which assumes a quite peculiar and distinct character.

It is well to remember that the diagnosis of hydropneumothorax is not always easy. In a certain number of cases, which are not exceptional, the typical commencement is not observed, the disease develops slowly and insidiously, and it is often very difficult to recognize its nature. I will say nothing on this occasion of its possible confusion with large cavities or pleuritic effusions accompanied by an amphoric murmur. These conditions may be very readily distinguished by the negative result of succussion. Nevertheless, in some cases large tuberculous cavities may, as you are aware, simulate serous and gaseous effusions when the patient is in the cachectic period.

The really difficult cases, however, are those concerning a collection of serum and gas below the diaphragm, of gastric or intestinal origin. These effusions occupy particularly the right side and may be consecutive to lesions of the stomach or pylorus or to inflammation of the appendix. It must be added, moreover, that, in such cases, perforation of the diaphragm may occur and may determine a secondary hydropneumothorax, the true origin of which may be extremely difficult to establish. This is a very interesting subject, and shall be made the basis of a future lecture in relation to a patient who suffers from ulcer of the stomach.

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In the patient before us there is no doubt as to the diagnosis. We are sure that the man is afflicted with hydropneumothorax. That knowledge, however, is not sufficient. We must inquire as to the cause of the disorder.

The causes of pneumothorax are very numerous. You know, in fact, that, besides traumatism, it may occur in consequence of many pulmonary and pleural affections, such as cavities, broncho-pleuro-pneumonia, pulmonary infarcts, etc. It is necessary to know, furthermore, that pneumothorax, much more often than is generally realized, is consecutive to the rupture of emphysematous pulmonary vesicles. It may occur in the subjects of partial and limited emphysema, in children after whooping-cough, and in adults during the course of acute bronchitis and influenza. Generalized emphysema may also be complicated with pneumothorax, but perhaps less frequently than the partial form.

All these causes which have been mentioned are, however, of secondary importance as compared with the great frequency of pneumothorax of tuberculous origin. According to the modern statistics of West, of London, in 90 or, at least, 80 per cent. pneumothorax is due to tuberculosis.

The presence of air in the pleural cavity, therefore, constitutes a strong presumption in favor of tuberculosis. But our patient displays other indications which permit us to decide that his disease is tuberculous. You will recall the fact that his disease began with coughing, loss of flesh, and night-sweats, and that he was ordered to take creasote. It was only after the lapse of several months that the pneumothorax occurred. This evolution conforms closely to our knowledge of tuberculosis. I should tell you, however, that we have not been able to find the bacilli of Koch in the sputum. Nevertheless, I assert that we are obliged to look upon the case as tuberculous, although the scientific proof is absent. It is necessary to make this diagnosis because, in most cases, pneumothorax appears at a stage of the pulmonary disease when the latter is not far advanced and unaccompanied by obvious signs. This complication attacks young subjects particularly, and those who are the subjects of localized and limited lesions.

We can readily understand that for air to invade the entire cavity of the pleura—I am here speaking only of total pneumothorax—it is absolutely necessary that there should be a lesion of the lung with the least possible adhesions. It is necessary, consequently, that the tuberculosis should be still in an early stage, when it is circumscribed in the pulmonary tissue. At a later period there form around the softened or cavernous area foci of broncho-pneumonia, constituting a sort of wall of pulmonary inflammation. This, in its turn, excites pleurisy and adhesions, which oppose the escape of air from the lung.

Let me add, furthermore, that it is not always the tuberculous focus itself which is the point of departure of pneumothorax. All the causes, suppurative or traumatic, which I have named may co-operate. The pneumothorax may be consecutive to an encysted pleurisy, terminating in perforation of the lung and the passage of liquid into the bronchi. We know to-day that ordinary pleurisy is always of tuberculous nature. It may be the same with interlobar pleurisy. There is nothing of this kind, however, in the present patient.

Finally, the pneumonic foci and limited broncho-pneumonia, terminating in suppuration, affections so well described in children by Rilliet and Barthès, may likewise occur in the tuberculous. This statement, again, does not apply to our patient.

There is furthermore to be noticed, among the causes of pneumothorax, the irritative forms of tuberculosis accompanied by violent attacks of coughing. These may cause dilatation, followed by rupture of the pulmonary vesicles, and

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thus establish an orifice of communication between the lung and the cavity of the pleura with, consecutively, pneumothorax. Such is the mechanism which seems to have operated in this patient.

Remember, therefore, these two facts: in the first place, pneumothorax is very frequent in tuberculous individuals, and, secondly, it generally occurs at an early stage of the tuberculous process, the latter circumstance finding a natural explanation in the variety of its modes of production, which themselves relate to various accessory causes to which I have already referred. From these considerations it follows that if one of the causes be operative —in the present instance the cough and consecutive emphysema—it is sufficient to produce pneumothorax in a person certainly the victim of tuberculosis, although not constituting a tuberculous patient in the strict clinical sense of the term. Here is one in whom there exist but small and disseminated foci in the lung. Auscultation and bacteriology have nothing to say, but the predominance of a symptom, the considerable development of lobular emphysema, and the violence of the cough give way to the appearance of a condition of such importance that it cannot escape attention, viz.: pneumothorax.

The invasion of the pleura by air and serum in our patient was upon the right side, as has been said. On the left side no particular abnormality was detected. The lung seemed to be sound; there were no râles, dullness, or other modifications, except the vicarious respiration which is the rule when the corresponding organ of the opposite side is functionally suppressed. In fact, there was no reason to admit, or even suspect, that there was a tubercular focus upon the left side. Nevertheless, it is not rare to see pneumothorax supervene upon the opposite side to the affected lung, which is bound down by adhesions. We are therefore dealing here with a tuberculosis but little advanced, probably beginning upon the right side, upon which is situated the pneumothorax, and which has probably spared the other lung.

Now, supposing that we understand exactly the nature of the disease and the very probable mode of its production, let us inquire what must be expected in the future, what will be the ulterior fate of the present lesions? In what manner does pneumothorax habitually terminate? It may be said, in a general manner, that pneumothorax is a serious accident. Formerly it was regarded as fatal, but there have recently been examples of cure, even among the victims of advanced tuberculosis; so that opinions have been modified, and some authors have even claimed that hydropneumothorax is an insignificant occurrence. This is going too far. Cases of hydropneumothorax or pure pneumothorax can be divided into three categories, according to their mode of termination, which may be: (1) rapid death; (2) slow death; (3) cure.

Termination by rapid death is represented by 15 to 20 per cent. of the cases. The patient may be suddenly seized with suffocating dyspnœa and succumb within the space of a few hours or minutes. Anatomically this form corresponds to what has been called "safety-valve" pneumothorax: that is, in which the opening into the pleura is oblique and constitutes a sort of flap which is only movable in a certain direction. Consequently, it allows the air to enter the pleural sac at the moment of inspiration, but does not permit it to leave during expiration. Hence an indefinite quantity accumulates, the lung is entirely compressed, and asphyxia is the result. Such cases are rather rare.

More often the advent of asphyxia is slower, and death does not occur until eight or twelve days to three weeks. This is the course in 10 to 15 per cent. of the cases. After the first fifteen days pneumothorax is transformed into hydropneumo-

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thorax,—it is almost the rule,—and the liquid effusion counteracts to a certain extent the disastrous effects of the presence of air.

The formation of exudate is explained by the irritation caused by the air. The pleura inflames as in simple pleurisy and produces a sero-fibrinous effusion. Thus hydropneumothorax is the consequence.

M. Netter has shown that the lungs are an excellent filter for purifying the air of the saprophytic microbes which it contains. In ordinary cases, therefore, the effusion remains watery. It is only when large communications exist between the bronchi and the pleura that the fluid becomes purulent. The latter may also occur after repeated aspirations, which allow microbes from without to obtain entrance. M. Netter has found bacilli of tuberculosis in the pleural liquid, and by this means a diagnosis may be made by injection of the fluid into guinea-pigs when other signs are not clear enough to establish the nature of the pneumothorax.

When the fluid has become purulent, the patients may perish slowly from progress of the cachexia at the end of four, six, eight, or ten months; but, if life is further prolonged, they may recover. Cure is observed in 15 to 20 per cent. of the cases. Improvement may be rapid, the diffused gas being absorbed within fifteen days to three weeks or a month, and the wound of the lung may cicatrize or be obliterated by a false membrane. There are a dozen cases of the kind. The rule, however, is for a liquid effusion to appear at the end of fifteen days. Behier thought that the effusion closes the aperture. To-day we believe that this can only be accomplished by cicatrization.

Cure occurs, therefore, in the same manner as in pleurisy of slow evolution. In general, the effusion should be let alone when there is no menace of asphyxia. If after puncture the air reaccumulates, we know that the communication between lung and pleura has not been obliterated. The patient may be cured after several successive punctures.

The liquid may become purulent. The disease is then called pyopneumothorax. This termination constitutes a mode of indirect cure. In such cases pleurotomy is performed, with or without resection of ribs, just as in ordinary purulent pleurisy.

As regards the patient before us, the case is rather favorable. The pulmonary lesions seem to be very limited, the general condition is good, and consequently, although the prognosis is guarded, we may hope for a cure.

The treatment of hydropneumothorax is sufficiently complete. It consists essentially of two methods of intervention: 1. Immediate operation which has for its aim the prevention of death from asphyxia at the moment when gaseous diffusion is produced. 2. The ulterior and methodical treatment.

In the beginning local revulsion is practiced, opiates are given, morphine is injected in order to relieve the dyspnœa, ether is injected when there is considerable depression of the pulse and circulation, and finally aspiration is performed when there is much displacement of the liver and mediastinal organs with threatened asphyxia.

These are the methods which we have followed in the case of this patient. Puncture has much ameliorated his condition. To-day the liquid has remounted to the lower part of the scapula.

What course shall we further pursue? Experience has taught me that in cases of this kind it is necessary to temporize. Hasty intervention is accompanied by the risk of preventing the closure of the fistula. It is estimated that five or six weeks are required for the process of cicatrization. Therefore during that period we should abstain from a second puncture unless compelled by the abundance of the effu-

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sion. In general, one should not intervene till three or four weeks have passed.

I should mention, in regard to these punctures, the method which has been devised by Potain. This consists in the injection of sterilized air to take the place of the evacuated fluid. Air is more easily absorbed than fluid and its introduction into the pleura re-establishes the balance of pressure and opposes rupture of the pulmonary cicatrix.

To sum up: the treatment of pneumothorax may be formulated as follows: Aspirate of necessity when asphyxia is imminent; make punctures as distant as possible from each other when the fluid is not absorbed; complete the operation by injection, when the fluid is withdrawn, of an equal quantity of sterilized air, in order not to modify the interthoracic pressure.

Original Communication.

DIABETES MELLITUS.

By John V. Shoemaker, M.D., LL.D.,
Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine in the Medico-Chirurgical College of Philadelphia.

Case I.—A woman, aged 54 years, whose parents had died of old age, had had rheumatic trouble for many years. She has seven children, living and well. Three years ago she had suffered from severe pain, of a neuralgic character, in the head, arms, legs, and back. At present she complains of inordinate hunger and thirst. She passes large amounts of urine, and is obliged to rise frequently at night in order to relieve her bladder. She is afflicted at the present time by severe pain in the left lower limb, especially along the course of the sciatic nerve. She does not sleep at all well.

On admission to the hospital it was found that the urine was of specific gravity 1.028, and contained large quantities of both albumin and sugar. The diagnosis of diabetes mellitus was suggested by the history of the case, and was rendered positive by examination of the urine. In every case of excessive hunger and thirst accompanied by the abundant passage of urine of a high specific gravity we should make the chemical tests for sugar. If, as ought to be the case both in hospital practice and private work, examination of urine were a customary routine, we should not commit the error of overlooking many cases of this grave and insidious disease. Albumin not uncommonly co-exists, at least temporarily, with sugar in the urine.

The complete clinical picture of diabetes mellitus is exceedingly complex, and a variety of symptoms are presented by different patients. It seems usually to pursue a more rapid and destructive course in youthful subjects than in those more advanced in life. The alteration in the composition of the blood gives rise to neuralgia, as shown in this woman's history. She now suffers from sciatic neuritis. It may also give rise to arthritis. The sugar-laden urine is an irritant fluid to the urinary passages and their outlets. Nephritis, cystitis, pruritus, balanitis, and other forms of irritation or inflammation of the external genitals may result in consequence.

Paræsthesia, which in some cases is principally confined to the genital organs, in others affects the entire surface and causes intense suffering. Boils and carbuncles are not infrequent during the progress of diabetes. Purpura, gangrene, and eczema are likewise observed. The nails and hair may be lost. I have known cases in which shedding of nails was the first manifestation to attract the patient's attention. The mucous membrane may be equally involved and assume the morbid aspect of gastro-intestinal catarrh. The gums become spongy and the tongue dry. The patient gradually loses flesh and strength. Pneumonia and pulmonary tuberculosis are apt to complicate the case. The heart dilates

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or grows fatty. Finally a state known as diabetic coma may develop and proves rapidly fatal. The coma is supposed to be due to overwhelming of the nervous centers by toxic products, probably acetone or oxybutyric acid. The eye may be affected in saccharine diabetes. Cataract is not uncommon. The retina or the optic nerve may be attacked, and sudden blindness may result.

Diabetes represents a disturbance of the normal digestion and assimilation of starch and sugar. Instead of being stored up by the liver and fed to the blood according to the requirements of nutrition it passes rapidly into the circulating current and is eliminated from the body in the excessive flow of urine. The disease is one of nutrition. Therefore, when those organs which are intimately concerned in the elaboration and assimilation of sugar are so affected that their functional activity is seriously compromised, sugar may begin to make its appearance in the urine. Disease of the central nervous system, the liver, and the pancreas are among the prominent causes of diabetes mellitus. Some terrible mental shock is not uncommonly followed by diabetes. I have witnessed a number of cases of this kind. Profound constitutional infection—such as occurs in syphilis, gout, rheumatism, and malaria—are sometimes productive of this change in the metabolism of amylaceous or saccharine food. The disease is more common in men than in women; more often seen in adult life than in childhood.

The nature of the cause must, to some extent, govern our treatment of diabetes mellitus. Unfortunately, the ultimate cause often eludes our grasp or may be itself of an incurable character,—as cancer, for instance,—and we are then obliged to depend upon the general principles of dietetic and medicinal management.

The present case, however, was typical of a vast number met with in practice The woman had suffered, indeed, from considerable anxiety at one period of her life, but the thread of connection could not be fully traced. There was no evidence of severe organic disease of the brain or spinal cord. Her general condition was still moderately good. There had been some loss of weight, but she was not yet distinctly emaciated. She complained of failing strength, although she was still able to assist in household work. A fair prospect therefore existed for decided amelioration, if not absolute cure.

All such patients must be extremely guarded as to their diet. Starchy and saccharine substances must, as far as possible, be eliminated from their food. It is customary, and doubtless beneficial, to frame diet-lists for diabetics, instructing them what they may eat and what they must avoid. To this important phase of the treatment I will recur. In this case—and the rule is applicable to many others—the patient was placed upon a milk diet. It was essential that the strain upon her kidneys should be relieved. These organs were assuredly functionally embarrassed, and in all probability organically diseased. Milk, while furnishing nutriment to the failing organism, will lighten the load of the overworked kidneys. Moreover, on account of the state of her digestive apparatus, milk is the most beneficial aliment of which she can partake. She has been accustomed, in response to her cravings, to consume large quantities of fluid and solid food. The consequence was that, instead of being benefited and strengthened, she was, so to speak, adding fuel to the fire by which she is being slowly consumed. When inflammation of the stomach and bowel is in existence, the limitation to a strictly milk diet will alone and without the aid of any medication soon effect a radical change in the morbid state of the mucous membrane. In a case of eczema dependent upon diabetes mellitus, under my care a few years ago, this was almost exclusively the treatment, to the great ad-

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vantage both of the skin and the system at large. Very little attention was paid to local means. The milk was skimmed.

The patient's heart is extremely irritable, and palpitates wildly upon the slightest exertion. In order to allay excitability of the nervous centers she was given, on first entering the hospital, rectal injections containing extract of cannabis Indica and quinine. The hemp was, after a time, withdrawn, and the quinine introduced in the form of a suppository, 5 grains being administered in this way four times a day. As the stomach improved in tone she was ordered a combination of arsenic and lithium, $^1/_{24}$ grain of the former together with 10 grains of lithium carbonate three times a day. This combination augments healthy nutrition by its favorable influence upon the glandular system and upon the composition of the blood.

Case II.—A man, 30 years of age, states that he has been in ill health for two and a half years, and that during that time his weight has decreased from 145 to 120 pounds. The first symptom which attracted his notice was the passage of excessive quantities of urine. Soon afterward he observed an extraordinary increase of appetite. He became troubled also by dryness of the mouth and continual thirst. He gradually lost strength in his limbs. The appetite still continues keen. He was formerly unable to sleep much, but he now rests well. He has no particular longing for special articles of food. He suffers no pain. His legs and knees have lately swollen. His thirst annoys him during the night as well as in the day. He drinks as much as three pints of water during the night. The urine contains a large percentage of sugar. The man is thin, but his abdomen is distended and lax. The sternum, clavicles, ribs, and scapulæ are all prominent. In order to diminish the activity of the liver and lessen the formation of sugar the patient has taken the following mixture:—

℞ Tinctura opii, f℥j.
Extract. ergotæ fl., f℥ij.
Elixir codeinæ, q. s. ad f℥vj.

M. Sig.: Teaspoonful three or four times a day.

Opium has long been one of the most approved favorites in the treatment of diabetes, but it is open to the objections that it decreases nutrition and is liable to induce the opium habit.

This patient has also, like the first, been ordered to live solely on skimmed milk. He is now taking two quarts daily, and this amount shall be increased to four. If I were restricted in my choice I would prefer a rigid milk diet to any system of medication by drugs. There is on record a series of cases treated in this manner at one of the German universities with favorable results. Nutrition was promoted, while the output of sugar was decreased. Thus the patients were doubly advantaged. Twenty-four years ago there was under my care a young girl of about 18 who had been suspected of pregnancy on account of an enlarged abdomen, but it was ascertained that she was in the habit of taking with her a large pitcher of water when she retired for the night. Acting on this clue, her urine was examined, and it was found to contain sugar. She was placed upon a skimmed-milk diet, began to improve, recovered, and is alive to-day. The only medicine she took was a little tincture of nux vomica.

More lately, for their influence on the secretions, blood, and kidneys, this second patient, the man, has had: arsenous acid, gr. $^1/_{40}$; with lithium citrate, gr. v.

The lithium is now withdrawn from the combination and superseded by ergot. The urine at the present time is of specific gravity, 1.044; of acid reaction; containing sugar, but no albumin.

Case III.—A man, 65 years of age, noticed frequency of micturition seven years ago. He was troubled at the time about

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business matters and has been since. He has been annoyed by severe pruritus, but at the present time this symptom is in abeyance. Within the last five years he has lost twenty-five pounds in weight. His tongue is dry and he is weak. He has been an excessive smoker, and was once a moderate drinker, but has not used alcohol for the last thirty years. He has had rheumatism, and twelve years ago had an attack of herpes zoster. His urine is of acid reaction; specific gravity, 1.033; contains a moderate percentage of sugar, but no albumin. Under the microscope a few epithelial cells are seen.

This patient, like the two preceding, has been kept for several weeks upon a diet of skimmed milk, and under its use his general condition had improved considerably, while the amount of sugar excreted has been diminished. As he has become very averse to the rigid monotony of milk, and as he has arrived at a stage when his diet may be enlarged, he may now be allowed a more liberal bill of fare. The object will be to exclude, as far as possible, those foods which contain a notable proportion of starch and sugar. He may have meats, except liver; soups made without flour, fish, shell-fish, gluten bread, lettuce, spinach, cauliflower, Brussels sprouts, onions, tea and coffee without sugar, and koumiss. Glycerin was formerly largely used for the sweetening of tea or coffee, but more lately saccharin has generally been substituted for that purpose. Koumiss is a good drink for diabetes, and the small proportion of alcohol which it contains is not objectionable. Alcoholic fluids should be taken with great caution. The malt liquors and sweet wines should be entirely avoided. Acid wines, whisky, and brandy are less injurious. The patient may drink of alkaline waters, such as Vichy, Apollinaris, or Poland. A sojourn at Carlsbad may be recommended if practicable. From the above list of permissible foods, to which may be added some of the tart fruits, unsweetened, it is possible to construct bills of fare which shall not offend the patient by their monotony or sparseness. The greatest difficulty these patients experience is to forego the use of bread, and this is true even of those who had not been very fond of it when in health. As a substitute gluten, bran, or almond breads are more or less successful.

Appropriate diet and observance of hygienic rules are of the first importance in the treatment of diabetics, yet there are some drugs which possess a certain influence over the progress of the disease. Some of these have been cursorily alluded to in this paper. By many codeine is esteemed as of equal, if not superior, merit to opium. Ergot has been widely employed. The bromide of arsenic was praised by Clemens, and it, as well as potassium bromide, may be particularly adapted to those cases accompanied by marked nervous derangement. Strychnine and phosphoric acid are useful tonics. The disease drains the system of chlorides and phosphates. Sodium phosphate, sodium salicylate, and salol have had their advocates. In fact, the list of drugs which have been proposed and used is a long one, but those which I have named have met with most favor. There is some evidence in favor of jambol. The *Syzygium jambolanum*, or jambol, is a native tree of tropical America and the West and East Indies. It is said to reduce the quantity of urine and percentage of sugar, while it at the same time improves the general condition. It is at least worthy of fair trial.

Abstracts.

Hysterical Breast.

At the Eleventh Congress of French Alienists and Neurologists M. Lannois exhibited the photograph of a woman who was the subject of an hysterical breast. While that of the left side was compara-

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tively small and flaccid in correspondence with the age and general condition of the patient, that of the right was large and surrounded by a marked areola. Pressure upon the breast *en masse* and pinching the areola occasioned hysterical manifestations. The patient experienced sensations of weight in the breast and lancinating pain, sometimes so violent that she had consulted the surgical department, where the subject of intervention was discussed, but decided in the negative.

Cases of this kind, in which a trivial feature, like the hysterical zone of the breast, assumes a capital importance and constitutes almost the only symptom of hysteria, are rare, and deserve the attentive consideration of neurologists and surgeons.—Le Progrès Médical.

Role of the Labyrinth in the Production of Nystagmus.

The relationship between lesions of the labyrinth and nystagmus have been investigated in a series of experiments by MM. Trombetta and Ostino. After extirpating the middle ear of a dog they excited separately each of the membranous semicircular canals. Simple puncture was always without result. On the contrary, instillation of a few drops of a slightly irritating fluid—such as oxygenated water, alcohol, or solution of carbolic acid—produced, at the end of five or six seconds, an intense nystagmus. It seems, therefore, that the excitable region is not the membranous canal itself, but the ampulla. This portion is easily attacked by a diffusible fluid which irritates the terminal fibers of the auditory nerve.

Furthermore, the authors have demonstrated with the utmost accuracy that excitation of the horizontal semicircular canal produces horizontal nystagmus, of the posterior canal vertical nystagmus, and of the superior canal mixed nystagmus. In all cases the movements of the eyeballs were bilateral, although they were more accentuated on the side of the lesion. They still existed at the end of four days. At this time total ablation of the semicircular canals and vestibule caused complete cessation of the movements, and subsequent irritation remained without effect.

In a second dog the authors, having exposed, by trephining, the auditory nerve at its entrance into the internal auditory canal, excited it by the faradic current, and caused mixed bilateral nystagmus.

The conclusion from these experiments is that nystagmus is a reflex of irritative origin having its point of departure in the ampullæ of the semicircular canals and of which each variety may be reproduced by excitation of one of the canals. — La Tribune Médicale.

Impregnation During Amenorrhœa.

At a meeting of the Medico-Chirurgical Society of Paris M. H. Dauchez spoke of the case of a woman, whose last menstrual period dated from May 30, 1899, and who, in consequence of violent excitement, had no return of the menses in June. The first signs of pregnancy — vomiting, malaise, and amenorrhœa—were observed about July 5th, and the patient expected to complete her term on the 15th of the succeeding March. She was not delivered, however, until April 6th, fifteen to twenty days after the calculated time, and then of a five-pound babe which seemed scarcely to have arrived at term. It was necessary, therefore, to admit that the pregnancy had, contrary to the belief of the woman, begun from the 5th to the 10th of July in the course of an amenorrhœa, fifteen or twenty days after accidental suppression. Ovulation consequently occurred independently of menstruation and the absence of the menses did not protect her against impregnation.

M. Dauchez alluded on this occasion to the three classes of amenorrhœa in which

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fecundation was possible. In one the woman may become pregnant even before the establishment of the catamenial function. In the others an adult woman may become *enceinte* during suppression of the menses and never menstruate again until after confinement. Finally, pregnancy may appear during an accidental amenorrhœa or in nursing women in whom the menses have not returned, as is seen in domestic animals, who become impregnated without menstrual flow.

Certain prolonged pregnancies may be confounded with the delays apparently due to similar errors of interpretation. In the speaker's patient there also occurred during the last days a spontaneous change of presentation, probably due to loops of the cord immobilizing the fœtus.—Le Bulletin Médical.

Laryngeal Trouble as the First Sign of Typhoid Fever.

It is known that during the course and decline of typhoid fever serious laryngeal complications may occur. In other cases, again, several examples of which Dr. Schmidt has observed in Professor Schroetter's clinic, the laryngeal manifestations constitute the first sign of the disease. The first patient whose case is described presented ill-defined febrile symptoms suggestive of small-pox rather than typhoid fever. He complained of pain in the throat and dysphagia. The larynx was examined by Professor Schroetter, who, on the basis of previously observed cases, had no hesitation in declaring them characteristic of typhoid fever. The further progress of the disease showed that the diagnosis was correct. In the second subject the symptoms of typhoid fever were much more clear. Although the patient made mention of no trouble in the throat or larynx, nearly the same alterations were found in those parts as in the preceding case. These lesions were in both patients limited exclusively to the epiglottis. This was the seat of a diffuse redness, uniform in the first patient, more pronounced in the second upon the free border. The latter was in both cases covered by a white deposit, of irregular, curvilinear outline, and which might be considered as the result of a process of desquamation and necrosis of the superficial layers. Other portions of the larynx exhibited nothing more than the evidences of a very slight catarrh. In the first case the alterations disappeared completely at the fifteenth day. In the second they yielded much more slowly, for at the end of five weeks the epiglottis was still in a decidedly hyperæmic condition, which caused no subjective discomfort. In both cases the typhoid fever pursued a typical course, and was marked by no dangerous features.—La Tribune Médicale.

Typhoid Fever Complicated by Pseudomembranous Lesions of the Larynx.

M. Duvergey has placed on record the case of a young man, under treatment for a severe case of typhoid fever, and who had symptoms of mild catarrhal laryngitis. Subsequently the symptoms became intensified. There were harsh cough, difficult respiration, and painful deglutition. The patient died suddenly from asphyxia. At the autopsy there was found ulceration of Peyer's patches. In the larynx there was an abundance of false membranes, which extended as far as the first rings of the trachea, with congestion and œdema of the tissues, notably of the glottis. Two injections of essence of turpentine had been made without decided reaction during the course of the malady. This failure led to a prognosis of fatality.—Revue Hebdomadaire de Laryngologie, etc.

Cancerous Goiter.

Under the above title M. M. Patel, of Lyons, reports two new cases of epithelioma of the thyroid gland evolving in a subacute

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manner in two women afflicted with goiter, previously latent, but already old. The first was a woman, 54 years of age, in whom the goiter suddenly assumed a great development three years after the menopause. Death took place six months later without much alteration in the general condition. There had been during life a slight exophthalmos. Evolution occurred in seven months in the second patient. In reference to the diagnosis of thyroid cancer in an old goiter the author insists on the rapid development of the complication and persistence of a good general condition. In admitting this anomaly he thinks with Carrel that it is possible to consider this particular feature as an intoxication due to modifications of the glandular secretion.—Revue Hebdomadaire de Laryngologie, etc.

A Case of Graves's Disease Without Apparent Goiter.

Dr. Goris, of Brussels, relates the case in which an abruptly beginning cardiac hypertrophy was the principal symptom of the malady. The neck retained its normal size, and palpation discovered no hypertrophy of the thyroid gland. The respiration, nevertheless, was short, rapid, and noisy, reminding one immediately of laryngeal or tracheal stenosis.

Laryngoscopical examination plainly showed that the trachea was flattened from before backward. The left vocal cord was on the stretch and immovable. This decisive sign of antero-lateral tumor of the neck, together with the other distinctive symptoms,—as tremor, excitement, and perspiration, — caused the diagnosis of exophthalmic goiter to be made, notwithstanding the fact that there was no visible goiter. Operation confirmed the diagnosis. M. Goris found in front of the trachea, which it displaced, and descending a little below the sternum, a flattened goiter the size of a mandarin orange, which was extirpated. The right lobe of the thyroid body was untouched. The trachea at once assumed its normal caliber.

A month after the operation the respiratory troubles had disappeared as well as the symptoms of the disease, with the exception of the cardiac enlargement, which persisted for three more months. The case is interesting, inasmuch as it shows the importance in the acute form of Graves's disease of laryngoscopical examination.—Revue Hebdomadaire de Laryngologie, etc.

Laryngeal Complications of Typhoid Fever in a Babe.

M. Haushalter reported to the Medical Society of Nancy the case of a girl baby, 18 months of age, who, during the course of typhoid fever, presented laryngeal symptoms which in the beginning were slightly marked. The voice was muffled, the cough hard and at times suffocative. The respiration afterward became noisy and labored. The symptoms being urgent, tracheotomy was performed. The patient, however, succumbed. Post-mortem examination of the larynx showed below the lower border of the right vocal cord and toward its posterior part a small triangular ulceration which communicated by a button-hole opening with a minute abscess of the corresponding interarytenoid space. The laryngeal accidents were probably caused by œdema of the vocal cords due to the vicinity of the small inflammatory focus.—Revue Hebdomadaire de Laryngologie, etc.

Rapid Amyloid Degeneration Following Diphtheria.

It is generally admitted that amyloid degeneration principally attacks the victims of chronic diseases, such as tuberculosis of the lungs or bones, syphilis, prolonged suppuration, leukæmia, etc. In exceptional instances, however, its development is much more rapid. The most

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remarkable history heretofore was that related by Kyber, which concerns an amyloid infiltration of the eyelids produced within a few weeks after erysipelas of the face. Now, however, Dr. Comba has just reported a case in which amyloid degeneration of abdominal viscera made its appearance at a still earlier date.

The case was that of a girl, 8 years of age, free from morbid antecedents, who contracted diphtheria, extremely malignant both as regards the constitutional and local conditions. In the pharynx and nasal cavity, probably on account of mixed infection, the diphtheritic process rapidly assumed a gangrenous form, and caused extensive and deep destruction of tissue, with considerable swelling of the cervical glands. Coincidently there occurred evidences of serious intoxication, as, for example, profound prostration, delirium, myocarditis, nephritis, and abundant subcutaneous, nasal, and intestinal hæmorrhages. The child died eleven days after the commencement of the disease.

At the autopsy there was found decided and typical amyloid degeneration of the liver, spleen, and kidneys, which could be attributed to no other cause than the diphtheritic infection, and which, therefore, must have developed in the space of only eleven days. It is a question, impossible to decide, whether the effect was the result solely of Loeffler's bacillus or of other microbes associated with those of diphtheria.—Le Bulletin Médical.

Facial Paralysis of Dental Origin.

Dr. Rodier writes that dental osteo-alveolitis may often be the cause of facial paralysis. He gives as a reason for his opinion that in a certain proportion of cases there is noted among the earlier manifestations a painful condition of the teeth. The treatment of such cases should be immediate and radical, consisting of the extraction of the affected teeth, with deep and complete curettage of the alveolus. In support of his views he narrates a typical history. A facial paralysis had appeared at the same time as an attack of osteo-alveolitis, increased in severity until the teeth had been drawn, and soon disappeared after extraction without any other treatment. The author queries whether the effect is due, as in tic douloureux, to reflex action having its point of departure in the teeth and alveolus or whether it is not rather a propagation of a trigeminal neuritis to the facial through the recurrent fibers.—Revue Hebdomadaire de Laryngologie, etc.

Tuberculosis of the Nose.

Dr. R. Kayser reports the case of a woman, 30 years of age, who had never been seriously ill. Her mother had died of tuberculosis. For a year she had not breathed well through the nose, which secreted an abundance of fluid. Examination of the pharynx, naso-pharynx, larynx, and lungs revealed nothing abnormal. In the nose, however, upon the anterior and inferior part of the right side of the septum were granular vegetations of a pale-red color and soft consistence. The glands under the right angle of the lower maxillary bone were enlarged. The granulations were removed, the surface curetted and afterward touched with lactic acid. The patient, who was six months pregnant, returned home and came back five months later, having in the meantime aborted. The right nasal fossa was more permeable than before, but, on the contrary, the left cavity of the nose was obstructed. Upon the septum was a perforation, the borders of which were ulcerated and covered by numerous granulations, particularly in the left nasal fossa. After having assured himself by the microscope of the tuberculous nature of the disease the writer proceeded to a radical curettage of all the affected tissues, and directed the daily intro-

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duction into the nose of tampons moistened with a 10-per-cent. glycerin solution of iodine. The patient again presented herself at the end of a month. The nasal passages were then entirely clear and there was no discharge. There was a large, smooth, and cicatrized perforation of the septum. For two years the woman enjoyed good health. When she was next seen there were ulcers on the posterior border of the perforation on both sides, while the part of the lower turbinated bones opposite the perforation was covered by granulations. She was pregnant in the eighth month. The methods which had already been so successful were again employed. Eight months later, having in the interval undergone a normal accouchement, giving birth to a vigorous child, she returned in good general health. In the right nasal fossa there was still a small perforation at the posterior border of the septum. The case had evidently been one of primary and purely local tuberculosis. As it was limited to its original focus, it presented an essentially benign course, and was cured by simple local treatment.—Revue Hebdomadaire de Laryngologie, etc.

Febrile Reaction after Operations on the Upper Air-passages.

Dr. G. Gradenigo writes that the occurrence of fever would seem *à priori* possible by reason of the numerous microbes of all kinds which exist in the mouth, nose, pharynx, and naso-pharynx of healthy persons and which must find increased activity when the parts are diseased. In empyema of the sinuses, for example, the pus bathes, so to speak, the nasal mucous membrane and descends into the mouth and pharynx. Disinfection before and after operation is practically impossible. Tamponing the nasal passages after surgical intervention, far from serving the purpose desired, increases the danger of infection. It was thought that in the nose particularly the substitution of galvanocautery for bloody methods would diminish the risk. Such is not the result, however, for the mortification of tissue thus produced is a frequent cause of secondary infection, while the eschar and fibrinous exudation which it determines constitute a most favorable culture-medium for pathogenic microbes. The author prefers the use of the knife in a single *séance*. Hæmorrhage can be readily controlled and the chances of infection are insignificant.

Fever consecutive to operations may be immediate. On the first evening there may be a slight rise of temperature, which may attain its maximum on the following evening and disappear at the end of two or three days. In other cases fever does not occur until four to eight days after the operation, when cicatrization of the wound is already advanced, and lasts from two to four days. Tonsillitis of one or both sides is often produced. In the former instance the gland involved does not always correspond to the side of the field of operation.

The advent and intensity of the fever depend upon:—

1. The constitution of the individual. In weakly and strumous patients the fever is more severe and prolonged.

2. The nature of the operation. Those which most often expose to fever are upon the bony walls of the nose, the septum, sinuses, and inferior turbinated bone. Those next in order are operations for the removal of adenoid growths and the palatine tonsils. Last come galvanic cauterizations of the lower turbinals.

The general reaction rarely entails serious consequences, but it is always an unfortunate complication which may be more or less avoided by taking into account the constitution of the patient, by performing the operation with the greatest care, by warning the patient to protect himself against the exposure to cold, and by watching the function of digestion.—Revue Hebdomadaire de Laryngologie, etc.

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Therapeutic Notes.

Rhus-Toxicodendron Dermatitis.

Dr. William S. Erdman, of Buckingham, Pa., writes to the Editor of THE MEDICAL BULLETIN that in dermatitis due to rhus toxicodendron and rhus venenata he has found collodion serviceable in alleviating the intense itching and preventing the spread of the disease. In all acute cases a few applications proved effective. In subacute cases he uses collodion in combination with 10 per cent. of aristol.

Prostatitis.

In the Medical World Dr. S. E. McCully, of Topeka, Kan., reports excellent results from the use of a suppository containing:

℞ Pulverized cocaine, 1 drachm.
Pulv. ext. cannabis Ind., 2 drachms.
Pulv. ext. hyoscyamus, 2 drachms.
Pulv. ext. belladonna, 1 1/2 drachms.

He usually puts up 7 ounces at a time, using 4 ounces of paraffin wax and 3 of cacao-butter. He melts them together and then adds the remedies, mixing with a spoon till a consistent mass is obtained. You can injure the compound by using more heat than will keep it so as to run freely. Constantly stir the mass while filling the molds, *and fill quickly*, so the drugs will be evenly suspended.

Syphilis.

Winfield Ayres, M.D., of New York City, Instructor in Genito-Urinary Surgery at the New York Post-graduate Hospital, states in the Philadelphia Medical Journal that, when his attention was called to mercurol as an antiseptic of special value in the treatment of gonorrhœa, it occurred to him that it would be a first-class preparation for the treatment of syphilis. Some time was necessarily spent in determining the proper dosage. At first 1/8 grain was given three times daily, and this dose was gradually increased until it was found that 3 grains was the average quantity required to control the malady. In starting a patient on a course of mercurol he advises beginning with 1/2-grain or 1-grain doses. Mercurol is a nucleid of mercury, and was discovered by Karl Schwickerath, of Bonn, Germany. It should not be given in solution with potassium iodide. In all, sixty-five cases received mercurol at the Bellevue clinic, sixty of which had not had previous treatment. Twenty-five cases were sufficiently long and regular in their attendance to supply data from which definite conclusions may be deducted. The marked improvement shown by many of his cases makes it certain that mercurol is of great value.

For inunction Dr. Werler recommends, in Le Progrès Médical:—

℞ Colloidal mercury,
Distilled water, of each, ℥iiss.
Lard, 80; white wax, 20; ℥v.
Sulphuric ether, gr. xxiv.
Benzoic ether, ℥j.—M.

Pruritus.

Dr. P. C. Sutphin, of Canmer, Ky., writes us that he has used alumnol in pruritus ani and pruritus vulvæ with the most decided success. He used it in three chronic cases of the former and one of the latter, with prompt relief and cure in all the cases. His formula is as follows:—

℞ Alumnol, ʒii-ʒj.
Camphor, ʒij.
Vaselin, ℥j.
M. et ft. ungt.
Sig.: Use night and morning.

Rub camphor up fine and add the alumnol and vaselin.

Properly used, he thinks this quite a specific in the above-named diseases, and most likely, also, pruritic diseases generally, of the genital organs, and highly recommends it in these cases, often stub-

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born of cure, and always most harassing to the patient.

For the Dyspepsia of Hepatic Disease.

Dr. Bommier gives the following formula as covering many indications:—

℞ Tincture of ipecacuanha,
Tincture of boldo,
Tincture of gentian,
Tincture of nux vomica, of each, 75 minims.

M. From fifteen to twenty drops after meals in a drink of hot chamomile infusion.—New York Medical Journal.

Chloretone in Pertussis.

W. Lyon, of London, recommends the following combination, containing chloretone, to prevent the vomiting in pertussis:

℞ Bromoformi, *m*ij.
Chloretoni, gr. iss.
Tinct. aurantii, *m*x.
Mucilag. acaciæ, *m*xx.
Aquæ, q. s. ad 3j.

M. Sig.: At one dose. Or:—

℞ Bromoformi, *m*ij.
Chloretoni, gr. iss.
Tinct. aurantii, *m*x.
Glycerini, 3j.

M. Sig.: At one dose.—Journal of the American Medical Association.

Pilocarpine Hydrochlorate in Croup.

S. E. Wertman, after having lost several cases of croup of an unusually severe and malignant character, resorted to hypodermics of pilocarpine hydrochlorate, from which he obtained surprisingly good results. Injections of pilocarpine, from $^1/_{48}$ to $^1/_{24}$ grain, were given. In each case improvement was noticed within a few hours; the disease was entirely checked, one or two days being sufficient to effect a cure. In only one case was the second injection made.—Medical Standard.

For Facial Neuralgia.

A solution of 20 grains of thymol in an ounce of alcohol containing 2 drachms of fluid extract of aconite is a most valuable local application. It should be painted over the painful area and covered by a cotton compress and oiled silk. The extremely poisonous character of the compound should be impressed upon the patient — and marked upon the bottle. — Chicago Clinic.

Aphthæ.

℞ Alumin. et potass. sulph., 3j.
Tinct. catechu, 3j.
Mel. rosæ, 3j.

M. Sig.: Apply locally.—Le Progrès Médical.

Passiflora Incarnata in Asthma.

From the department "Treatment of the Sick" in American Medicine, edited by Dr. Solomon Solis-Cohen, we extract the following:—

"Passion-flower (*Passiflora incarnata*) is not official in the United States Pharmacopœia, and does not appear to have been well studied experimentally. Clinically it possesses hypnotic and antispasmodic powers, and in sufficient dosage it would probably act as a narcotic poison. Even in moderate doses it may in some cases provoke nausea and emesis. The emetic properties may depend upon a different principle from that to which its sedative action is due. At all events, the combination of relaxant influences gives it peculiar value in allaying asthmatic paroxysms and in preventing their full development. It may be given in tincture or fluid extract. The dose is from 10 to 30 minims well diluted and given from every ten minutes to every half-hour until relief is experienced, emesis caused, or drowsiness induced. We have never exceeded $^1/_2$ fluidounce of the fluid extract in the course of two hours. Patients have fallen asleep after six doses

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of 10 to 20 drops each, given every ten or fifteen minutes, or after a single dose of 1 fluidrachm. In 2 out of 8 cases its use produced but slight mitigation of distress, and was abandoned. In 6 cases rebellious to other methods it gave prompt relief."

Treatment of Uterine Discharge by Brewers' Yeast.

Dr. Neves, of Lisbon, communicates the results of a series of cases of gonorrhœal or non-gonorrhœal discharges from the uterus treated by means of brewers' yeast. In all cases there was cure or, at least, great amelioration. It is best used fresh, and not alone, but as an adjuvant to other measures. The flow soon diminishes, loses its purulent character, and ulcers cicatrize. —La Tribune Médicale.

Hæmatemesis.

Formulæ ascribed by the Medical Record to Charles Robin are:—

℞ Tartaric acid, gr. v-x.
Powdered opium, gr. $^1/_3$.
Calcined magnesia, gr. ij.

M. Sig.: One cachet before meals.

Or:—

℞ Picrotoxin,
Morphine, of each, gr. j.
Sulphate of atropine, gr. $^1/_6$.
Ergotine, gr. xx.
Cherry-laurel water, ʒiij.

M. Sig.: Five or ten drops before eating.

How to Give Epsom Salts.

W. E. Putnam advises the following method of taking Epsom salts so as to avoid the taste: Use just enough water to completely dissolve the salts. From a second glass full of plain water drink two large swallows, take the salts quickly, and drink the rest of the water in the second glass. He has suggested the putting up of magnesium sulphate tablets, 5 and 10 grains, without coating.—American Medicine.

Tuberculosis.

℞ Iodoform, gr. i-iij.
Strychninæ sulphatis, gr. $^1/_{40}$.
Arsenii iodidi, gr. $^1/_{12}$.
Balsami Peruviani, gr. ii-iv.

Sig.: One to three pills daily.—Medical Times and Hospital Gazette.

Garlic in Pulmonary Tuberculosis.

Cavazzani reports a series of experiments conducted in the city hospital of Venice, with reference to the action of garlic in consumption. Garlic is cut into small pieces and dried for a short time. It is given in this form in quantities of 60 to 90 grains in twenty-four hours, in fractional doses and in various ways, in order to combat the distaste most patients manifest for the drug. Over two hundred patients were thus treated in addition to the ordinary hygienic and symptomatic treatment. An improvement is said to have taken place in all stages of tuberculosis, especially in the early cases. The sputum becomes mucous in character, the number of bacilli diminishes gradually until they completely disappear; the cough is lessened, the local physical signs disappear, as do the night-sweats and hæmoptyses, and there is a marked improvement in the appetite and the general condition.—Merck's Archives.

For Hæmorrhoids.

Sir James Sawyer gives the following formula for an ointment for piles: Take the whole plant of the celandine (*Ranunculus ficaria*), gathered when it is blooming in the spring; cut it into small segments and keep it immersed in melted hogs' lard, at a temperature of about 100° F., in the proportion of 1 part by weight of the plant to 3 parts of lard, for twenty-four hours. Then squeeze, strain, and allow it

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to cool and solidify. This use of the plant has long been recognized, as one of its old English names is *pilewort*. — New York Medical Journal.

The following was prescribed by Darche for a man suffering with ulcerated hæmorrhoids, and who wanted only palliative treatment:—

℞ Mercurolis, gr. v.
Chloretoni, gr. xv.
Acidi borici, ʒss.
Petrolati, ʒj.

M. et ft. ungt.

Sig.: To be applied three times daily.—Therapeutic Gazette.

Sciatica.

℞ Guaiacol. crystall., gr. xv.
Methyl. salicylat.,
Adipis,
Lanolini, of each, ʒiiss.

M. Sig.: Apply upon a linen cloth along the course of the sciatic nerve and cover with cotton and waxed taffeta.—Jean Mallet, Le Progrès Médical.

Fermentative Diarrhœa.

℞ Bismuth subgallate,
Salol,
Cerium oxalate, of each, gr. j.
Dover's powder, gr. ij.
Oil of anise, *m* $^{1}/_{10}$.

For one tablet or capsule.—J. W. Hyde, Medical Record.

The Treatment of Ulcers with Camphor.

According to the Clinica Moderna, Schulze advises the application of the following ointment in ulcers of the thigh:—

℞ Powdered camphor, 30 grains.
Oxide of zinc, 225 to 300 grains.
Lard, 1500 grains.—M.

Or:—

℞ Powdered camphor, 30 grains.
Olive-oil, 750 grains.
Oxide of zinc, 600 to 750 grains.—M.

The application is to be renewed twice or three times daily and a rapid cure may be looked for. It should be well shaken before being used.—New York Medical Journal.

Ulcer.

In a case of extensive ulcers of the legs of a somewhat rachitic child 2 years old, with ulcers over the back, treated in many ways unsuccessfully, Darche prescribed:—

℞ Pulv. amyli,
Zinci oxidi, of each, ʒij.
Mercurolis, gr. xv.
Chloretoni, ʒss.
Petrolati, ʒj.

M. et ft. ungt.

Sig.: To be applied on pieces of lint, constantly recovering the affected areas.—Therapeutic Gazette.

Flatulence.

The Medical Record ascribes to Hollister the following formula:—

℞ Pulv. zingiber.,
Pulv. acaciæ,
Sodii bicarb.,
Bismuthi subnit.,
Sacch. alb., of each, ʒij.

M. Sig.: Teaspoonful in water.

Liniment of Ammonium Iodide.

The following formula is recommended by Dr. F. M. Turner, of this city:—

℞ Iodi, ʒiv.
Liq. ammon. (10 per cent.), ʒiss.
Lin. saponis co., ʒiiss.—M.

Myalgia.

℞ Fl. ext. cimicifuga,
Fl. ext. coca,
Ammon. tinct. guaiac, of each, 1 ounce.

Teaspoonful three times a day.—Merck's Archives.

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New Treatment of Blennorrhagia.

A new treatment for blennorrhagia has been recommended by Dr. de Brun, professor at the Medical Faculty at Bayreuth. It consists in the use of picric acid. A 1-per-cent. solution can be used, but is found to be rather painful, so a solution of 0.5 per cent. is usually employed. Only 5 to 6 cubic centimeters should be injected for a few minutes, and this should be repeated two or three times a day. A cure is obtained after four or five days. In chronic forms Dr. de Brun has obtained good results when the disease only existed in the anterior part of the canal. The result of the injection is shown by the change in the coloration of the flow. A bacteriological examination shows a rapid diminution of the gonococci.—Journal of the American Medical Association.

Europhen.

Internally Thomas has used europhen in cases where potassium iodide has been indicated, as in cases of syphilis and some tuberculous conditions; in typhoid fever he has found it a good intestinal antiseptic. —International Medical Magazine.

Chronic Bronchitis.

The aromatic balsams, combined with a mild anodyne, are serviceable if the cough becomes troublesome:—

℞ Balsami copaibæ,
Pulv. camphoræ, of each, 3j.
Pulv. acaciæ, q. s.

M. et ft. capsulæ No. xv.

Sig.: One capsule four times a day.

Or:—

℞ Copaibæ, 3ij.
Spts. chloroformi, 3ss.
Mucilag. acaciæ, 3vj.
Aq. camphoræ, q. s. ad ℥vj.

M. et ft. mistura.

Sig.: Two tablespoonfuls three times daily.

Turpentine is sometimes very efficacious, and it may be given in capsule or in the form of an emulsion, according to Yeo:—

℞ Olei terebinthinæ, 3ij.
Mucilag. acaciæ, ℥j.
Mist. amygdalæ, q. s. ad ℥vj.

M. et ft. mistura.

Sig.: Two tablespoonfuls at each dose, every six hours.—Journal of the American Medical Association.

Gonorrhœa.

The Medical Record cites from Dokerchateff:—

℞ Bismuthi subgallat.,
Pulv. acaciæ, of each, 3ij.
Aq. destill., ℥iij.

M. Sig.: Use as injection q. 2 h.

The Physiological Treatment of Gonorrhœa.

Under this title Dr. George O. Jarvis writes to the International Medical Magazine concerning his use of suprarenal extract, from which he obtained results which seem to indicate that the method may be useful: "The treatment used is the injection of about a drachm of a solution made as follows:—

℞ Ext. adrenal, 3ij.
Cresol, *m*v-x.
Aq. et glycerin, ad f℥j.

M. et sig.: Use as directed.

"The diagnosis in these cases was based on the physical signs of the disease, the history of the case, and upon microscopical examination of the discharge. The results were rather better than would be accounted for by the bactericidal action of the cresol, which is added chiefly to preserve the mixture, which, as is well known, may spoil in an hour or two and may then itself cause harm. These injections are used every three or four hours, or as often as is necessary to reduce the inflammation."

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, M.D., LL.D., Editor.
F. A. DAVIS COMPANY, Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, Nov., 1901.

MENTAL DISTURBANCE DUE TO MALARIA.

THE unusual and remote results of infectious diseases are of much interest in themselves and of importance as contributing to the complete picture of such great and comprehensive morbid processes. All are familiar with the acute delirium of high fever and recognize the deplorable consequences of cerebral syphilis. Malaria is another of those far-reaching maladies which are capable of exerting disastrous influence upon nervous matter. Various ulterior consequences of malaria have from time to time been chronicled in the columns of THE MEDICAL BULLETIN. Upon this subject we have read with satisfaction a communication by Dr. Cardamatis, a former vice-president of the Medical Society of Athens, read at the meeting of the Pan-Hellenic Congress of Medicine, and published in that excellent French journal, Le Progrès Médical.[1]

As befitted the place and the people, the author began with a review of the scanty references of Hippocrates and his successors to the subject in consideration. Very little was added to the observations of the ancient writers until toward the seventeenth century, when Rivier instanced the case of a physician who became hypochondriacal in consequence of intermittent fever. Similar cases were mentioned by Borelli, Sydenham, Hoffmann, and Morgagni, among others, but it was not until the nineteenth century that literature began to accumulate. Baillarger endeavored to explain the pathogenesis of mental disturbance of malaria by ascribing it to the anæmia engendered by the disease. Griesinger, in his treatise on mental disorders, spoke of intellectual decay and alienation from the same cause. Other succeeding authors contributed their share toward the growing knowledge of the subject. Writers upon diseases of the tropics likewise had their attention called to the possible implication of the higher nervous centers. Manson cited the case of a man who, on his return from Bombay, was attacked by cerebral disorder and immured in an asylum, where a microscopical examination of the blood revealed the presence of the parasite of Laveran. This patient was cured by quinine. Similar instances were reported by other observers. Mental disorders may arise during an acute attack or in the chronic stage of malaria.

Delirium is the most frequent nervous phenomenon encountered in malaria. It seems to be most common in those predisposed to neuropathic accidents. Alcoholic subjects are particularly vulnerable. Our author regards the constitution of the individual as a more potent factor than the malarial infection. In other words, the soil must be favorable.

The effects of malaria upon the cerebral functions have been compared by Régis to those of alcohol, and he establishes an elaborate parallel between alcoholic and malarial intoxication. With this analogy Cardamatis concurs. In malaria, as in alcoholism, we meet with delirium of persecution, furious maniacal excitement, melancholia, and pseudoparalysis. In malaria, however, delirium may occur independently of febrile attacks. It manifests itself

[1] "Les troubles psychique dans le paludism." Par le Dr. Jean P. Cardamatis, ancien vice-president de la Société Médicale d'Athènes. Communication faite devant le Congrès Pan-hellénique de Médecine, tenu à Athènes 19-23 mai, 1901. Le Progrès Médical, 28 septembre, 1901.

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in those patients who had, during the acute paroxysm, experienced intense congestion of the meninges. Its duration is variable, in most instances being limited to about a week, although cases have been described in which it lingered for several months, displaying itself, like other paludal manifestations, in periodical outbreaks.

The delirium of malaria may be acute, subacute, or superacute. The most frequent hallucinations are those of sight, more rarely those of hearing. The subacute is the most common of all forms. In the acute phase the patient, urged by some fixed idea,—as of persecution, etc.,—may try to throw himself from the window. Didiot cites the case of one who precipitated himself from the window into a river, not from the desire of destroying himself, but to escape the persecution of an imaginary enemy. A patient of Cardamatis strove with all his might to defend himself from the attack of an imaginary bull. Colin lost a patient, who succeeded in throwing himself from a second-story window and died from rupture of the spleen. Chabal distinguishes a depressant and an excited form of acute malarial delirium. Our author furthermore recognizes a mixed variety.

The superacute, or maniacal, form is less often seen. In it the patient laughs, weeps, groans, shouts, threatens, tears his clothing, moves and talks wildly, and is the victim of hallucinations. This is the completest expression of malarial delirium with total abolition of the intellectual faculties and suppression of sensations. Subsequent to the furious agitation the respiration becomes stertorous and sometimes of the Cheyne-Stokes type, occasionally hissing in neuropathic individuals. The pulse, which is at first hard and slow, becomes rapid and feeble; lethargy ensues, with paralysis of sensibility and motility. Finally, in consequence of inflammation of the meninges or encephalon partial or clonic convulsions occur and the patient dies in a state of coma.

Another point of much interest relates to those mental disturbances which appear long after a malarial attack. These are exceptionally rare, and it is even doubtful whether they should be ascribed to paludal influence.

DISEASE OF THE NASAL SEPTUM DURING CONVALESCENCE FROM EPIDEMIC INFLUENZA.

Dr. L. de Milly, of Orleans, communicated to the French Laryngological Society the particulars of a case, affecting a boy, 5 years of age, and which we find presented to the general professional public in the pages of our highly-esteemed contemporary, Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie.[1]

The boy was brought to Dr. de Milly on account of a deformed nose. While convalescent from the grippe in February, 1901, the child had begun to have difficulty in breathing through the nose, which became red and swollen and the source of a sanguinolent, odorless discharge. There was some fever, with insomnia. There was also a swelling upon the cartilaginous septum. This was punctured on both sides by the physician in attendance. A little blood escaped, but not a drop of pus. Five or six days later the breathing was better, and the nose was not quite so large, but the family became aware of a peculiar deformity in the form of a notch on the back of the nose and looking as if it had been cut by a stroke of a hatchet. At the same time there was a depression and an enlargement of the lower portion of the nose. The back of the nose presented to sight and touch a hard arch at the junction of the nasal bones and the cartilage. The end

[1] "Fente de la Cloison cartilagineuse du nez dans le cours de la convalescence d'une grippe." Travail communiqué à la Société francaise de laryngologie, mai, 1901. Revue Hebdomadaire de Laryngologie, d'Otologie, et de Rhinologie, 12 octobre, 1901.

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of the organ was freely movable between the fingers, and the normal resistance of the cartilage could not be distinguished. Below the arch there was a projection and the lobule of the nose was drawn upward and backward. Within the nose there was a painless and smooth swelling of the cartilaginous septum, which was free from any perforation or fleshy outgrowth and the mucous membrane of which was at no point denuded. The swelling was more conspicuous in the left nostril than in the right. When a finger was inserted into each nostril the palmar surfaces were separated only by the mucous membrane without the presence of any cartilage. There was no sequestrum or denuded bone in the nose or mouth. Examination by the speculum enabled the author to exclude syphilis. The aspect corresponded neither to that of syphilis nor lupus. The author concluded that there had been an abscess which had caused absorption of the cartilaginous portion of the septum, leaving the mucous membrane entirely intact. The mucous membrane of both nares was simply in juxtaposition back to back.

JOURNAL OF MILITARY SURGEONS.

THE Association of Military Surgeons of the United States has now been in existence for a decade, and held its tenth annual meeting at St. Paul in connection with the sessions of the American Medical Association. There is no doubt that the study of the surgical art as connected with injuries liable to occur on the field of battle or of the medical art in special reference to bodies of troops has received a direct impetus in this country through the experiences of the Spanish-American War, and incidentally also from the conflict in South Africa. In response to these stimuli renewed intellectual activity has been infused into our medical corps, both of the regular army and State troops. The meetings of the Association of Military Surgeons have taken on a new and more vigorous aspect since the occurrence of the war. Although of such brief duration that the number of those wounded in action was small, yet the rapid enlistment and mobilization of a large volunteer army brought our surgical staffs face to face with problems which, on such a scale, had not arisen since the close of the Civil War.

In this branch of our profession journalism is capable of being just as useful as it has long been found in its more usual and every-day branches. The essence of military surgery must, doubtless, be identical with that of civil life, but many modifications develop, and surgeons in the field are confronted with many emergencies which are almost unknown in camps and barracks. It cannot, therefore, fail to prove profitable, not only that such questions should be discussed in annual conclave, but that a journal specially devoted to their consideration should be established. The establishment of such a periodical has, in fact, long been a cherished project. It is recognized that such a publication would be of value to the association.

In the present, the first, number of the Journal of the Association of Military Surgeons are found the proceedings, papers, and discussions of the last meeting of the Association, and these are of interest not only to military surgeons, but also to the profession in general. The journal will be published quarterly during the present year, but it is expected to issue in the future a number each month.

The journal will appear under the efficient editorial guidance of Major James Evelyn Pilcher, U. S. A., of Carlisle, Pa.

By one of those coincidences which so often mark the progress of events, our French brethren have, at nearly the same time, begun the issue of a journal of military medicine and surgery, entitled Le Caducée, in allusion to the emblem of staff and serpents, the significance of which is considered in an interesting book by the

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late Dr. T. S. Sozinskey, of this city.[1] It is certainly with great pleasure that THE MEDICAL BULLETIN observes and chronicles the birth of these special journals, believing that the field is ripe for their labors, and wishing them hearty Godspeed.

Medical News and Miscellany.

Sesquicentennial Report of the Pennsylvania Hospital.—The Board of Managers of the Pennsylvania Hospital has just issued, in handsome pamphlet form, the one hundred and fiftieth annual report. For that long period those connected with the institution have, generation after generation, faithfully carried on their beneficent labors in behalf of distressed humanity. The exercises commemorating the anniversary were of much interest to all present.

Removals.—Dr. Walter Atlee Hickman has removed to 324 South Sixteenth Street, Philadelphia.

Dr. Matthew Woods has removed to 1722 Chestnut Street, Philadelphia.

Dr. Alfred C. Wood has removed to No. 129 South Seventeenth Street, Philadelphia.

Philadelphia Hospital Training-school for Nurses.—The class of 1901 of the Philadelphia Hospital Training-school for Nurses held their commencement exercises on the evening of October 18th in the Clinic Hall of the hospital. The exercises were exceedingly interesting and the occasion thoroughly enjoyable.

Silver Wedding.—Dr. and Mrs. Ralph W. Montelius, of Mount Carmel, Pa., celebrated, on October 17th, the twenty-fifth anniversary of their marriage.

Wedding Bells. — Dr. John Chappele Walton was married on October 16th, at Ridgefield, N. J., to Miss Bessie Hull, daughter of Mr. and Mrs. Peter Hull, of that place.

Professor Jaccoud.—Dr. Jaccoud, Professor of Clinical Medicine, and Dr. Panas, Professor of Ophthalmology in the University of Paris, have been elected honorary professors.

University of California.—The regents of the State University have appointed Dr. Leo Newmark, now lecturer on neural pathology, Professor of Neurology, and Dr. Robert Orton M. Moody, assistant in anatomy.

Dublin University.—The resignation is announced of Dr. Purser, King's Professor of the Institutes of Medicine in the School of Physic, Trinity College, Dublin, who has filled that position for the past twenty-seven years. His successor will not be appointed until the beginning of the new year.

Dr. Freeman. — Dr. Freeman, of San Remo, Italy, recently paid a short visit to Philadelphia.

The New Staff-Surgeon-General of the German Army.—Dr. Rudolf von Leuthold, First Physician to the German Emperor, has been appointed Staff-Surgeon-General of the German Army, replacing the late Dr. von Coler. Surgeon-General von Leuthold received his professional education at the University of Berlin. He has for many years held the post of Professor of Military Surgery in the Kaiser-Wilhelm Akademie, and was also editor of the Deutsche Militärärztliche Zeitschrift.

Ladies' Home-Journal. — The November issue of the Ladies' Home-Journal is full of good things. The Thanksgiving spirit is embodied in an interesting article telling "Where the President's Turkey Comes From," and a delightful short story of "A Daughter of the Pilgrims," by Hezekiah Butterworth. Edith King Swain tells of some thrilling ascents she has made, and in

[1] "Medical Symbolism in Connection with Historical Studies in the Arts of Healing and Hygiene." By Thomas S. Sozinskey, M.D., Ph.D. Philadelphia and London: F. A. Davis, 1891.

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"A Voice Heard Around the World" Cleveland Moffett presents much that is new about Ira D. Sankey, the greatest of living evangelists. A new romance by Frederick M. Smith, entitled "Christine," begins in this issue, and Miss Laura Spencer Portor's delightful "Gentleman of the Blue Grass" is continued. One of the most attractive features is the first of the rooms in the "Bradley House," designed for the Journal by Will. Bradley. The breakfast-room opens this series. Miss Johnston continues her series of "The Foremost Women Photographers in America," and John Elfreth Watkins, Jr., contributes an article about "The Way it is Done in Washington Society." Mr. Bok's editorial is devoted to advice to young married couples. The Rev. Francis E. Clark, D.D., founder of the Christian Endeavor Society, writes ably on the question, "Why Should a Young Man Support the Church?" and Edward Howard Griggs deals with the child's awakening to manhood or womanhood in the second of his educational articles. There are three pages showing Christmas gifts that can be made at home, and all the regular departments are unusually good. The illustrations include a double page of beautiful photographs of "Animal Life on the Farm," and a "golf-girl" cover by Thomas Mitchell Peirce.

The Cosmopolitan.—Arthur Foley Winnington-Ingram, Lord Bishop of London, contributes an interesting paper to the November Cosmopolitan on "The Overcrowding of Great Cities and Remedies for It." Apropos of the discussion of the invasion of England by Americans, Edmund Gosse furnishes in the same number an essay scoring Englishmen for their narrowness of intellect. Incidentally he has a hit at American intellectual life in the twentieth century.

The Cosmopolitan has endeavored to make itself known by timely contributions to all important controversies. Frank Moss, so well known in the Lexow and Mazet investigations, contributes "Municipal Misgovernment and Corruption: A Warning to Patriots" to the November issue. This considers a serious difficulty in a way that will be found interesting not only to New Yorkers, but to residents of every part of the United States.

As we come toward the Christmas holidays, larger space in the magazines is given to fiction. The Cosmopolitan includes a tragic story of the Mexican foot-hills by Thomas A. Janvier, a very clever society story by Carolyn Wells, one of the Old French Romances by Richard le Gallienne, an unusually interesting Indian narrative by H. T. George, and a weird story by S. R. Crockett.

McClure's Magazine.—Nothing could be more timely than three of the articles which go to make up McClure's Magazine for November. Citizens, regardless of party, if not anxious are somewhat curious regarding their new president. William Allen White, in his inimitable style, analyzes Roosevelt in a way which shows this unclassified man in a new light—the true light. Ray Stannard Baker explains "What the United States Steel Corporation Is, and How it Works," all in a manner that is both interesting and instructive. As a describer of a thrilling contest of speed, Walter Wellman has no equal. The automobile race from Paris to Berlin is described so vividly that one can almost see Fournier flash by at the rate of a mile a minute. The "true story of a recently discovered 'Treasure Island'" is told by Sturgis B. Rand in "The Romance of Christmas Island."

A very striking Western tale of adventure is "Why the Hot-Sulphur Mail Was Late," by Chauncey Thomas, with splendid pictures by Charles S. Chapman. "The Tipster," illustrated by W. R. Leigh, is the last of Edwin Lefèvre's Wall-Street Stories. M. Quad has written in his merriest vein of an incident in the life of one "Colonel Joslyn, U. S. A. Kate M. Cleary

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contributes a pathetic Thanksgiving tale, "The Mission of Kitty Malone." Henry Hutt's beautiful pictures catch the true spirit of N. V. McClelland's dainty sketch, "Nancy and I and the Girl." There are poems and other features, all of which make the November McClure's a notable number. Joseph M. Rogers's story, "With His Back to the Wall," is right in line. It tells of the fight made by Martin Dooner, a leader in the slum district of a great city, against a reform candidate who opposed his re-election to the Board of Aldermen.

Medical Society of the County of New York.—At the first meeting of this society for the winter of 1901-02 the following were placed in nomination to serve as officers for the ensuing year: President, Dr. Frank Van Fleet; first vice-president, Dr. Charles N. Dowd; second vice-president, Robert Lewis, Jr.; treasurer, Dr. E. W. Peet; secretary, Dr. John Van Doren Young; assistant secretary, Dr. E. P. Fowler; censors, Drs. George B. Fowler, H. S. Stern, Wendell C. Phillips, Robert F. Morris, and James F. M. Kernon.

The Detroit Academy of Medicine.—At the annual meeting officers were elected as follows: President, Dr. Arthur D. Holmes; vice-president, Dr. Wadsworth; secretary and treasurer, Dr. H. D. Jenks.

University of Pennsylvania Medical School.—The following appointments have been announced: Dr. M. Howard Fussell has been appointed assistant professor of medicine, Dr. Thomas R. Neilson, assistant professor of genito-urinary diseases, and Dr. Elisha H. Gregory (Jr.), demonstrator of anatomy. Dr. Frederick A. Packard will deliver the lectures upon applied therapeutics, and Dr. H. C. Wood (Jr.), those on the physiological action of drugs, in the place of Dr. Horatio C. Wood, Professor of Therapeutics, who has been granted leave of absence for a year. The appointment of clinical professor of nervous diseases has not yet been made.

The "New" Lippincott. — November's issue of the "New" Lippincott Magazine contains a novel begun and ended in this number—written by Isabella D. Cameron, the youngest daughter of the late Sir Roderick Cameron, of Scotland. Her perfect knowledge of the social paths in which she leads her "brain children" in "One Woman's Life" and her spicy plot make a fascinating story. The heroine is a young American widow. Mabel Nelson Thurston's story, "The Courting of Gabriel Seabury," shows her at her best. "The Minority Committee" is the title of Paul Laurence Dunbar's story of Ohio rural life, which the author knows as well as he does the Southern negro. John V. Sears, editor of the Philadelphia Telegraph, contributes an amusing story called "Ballanafad." Mrs. J. K. Hudson's story, called "Another Woman's Letters," keeps alive the vein of pathos for which she is best known. George Moore's remarkable paper, entitled "My Own Funeral," shows his distinctive cleverness and literary excellence.

"Recollections of Rossetti," by his friend, Herbert H. Gilchrist, tells of visits which he made to the artist. Anna Lea Merritt, the artist author, contributes "Suggestions for an Alpine and Marsh Garden." "A Woman's Trip to the Klondike" is by Emma L. Kelly, the first woman to follow the trail from Topeka to Dawson. The "New" Lippincott's verse this month shows both discrimination and variety in selection. "With Rossetti's 'House of Life,'" by Walter Ives, accompanies Mr. Gilchrist's unique paper; "Autumn," by Florence Earle Coates, is a lyrical gem of the first water; "The Unsuccessful," by Geraldine Meyrick; "Returning," by Douglas Malloch; "Only the Heart has Wings," by Ida Whipple Benham; "Pity," by Rubie Carpenter; "An Idle Day," by Clinton Scollard; and "Lines," by Robert Loveman, are all poems above the standard of magazine verse. The departments, "Books of the Autumn" and "Walnuts and Wine,"

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amply fulfill their purposes. In the latter humor flows from such pens as Elliott Flower, Laurence Porcher Hext, Henry M. Wiltse, J. L. Harbour, and others.

Scribner's Magazine. — The November issue of Scribner's Magazine contains the opening chapters of F. Hopkinson Smith's longest and most important story, "The Fortunes of Oliver Horn," a young artist who comes to New York from the South to seek fame. The whole story is characterized by a sense of refined humor, and there are many of the author's well-known passages of pathos and wholesome human sentiment that have contributed so much to the wide popularity of his previous works. In the concluding paper on "Russia of To-day" Henry Norman deals with those large questions of national policy and diplomacy that bear so intimately on the future peace of the world. The whole question of Russia's present place in relation to other world-powers is reviewed. Gen. F. V. Greene in his final paper on the United States Army, makes an interesting comparison between the armies of 1861 and of to-day, and gives some impressive facts regarding the magnitude of the battles and the great cost in human life of the War of the Rebellion. The illustrations are by Remington, Zogbaum, Yohn, and others.

In an article on "Marquis Ito, the Great Man of Japan," Frederick Palmer gives an interesting account of the early adventures and accomplishments of the great Japanese statesman, and conveys an attractive impression of his personality and of what he has accomplished in placing Japan among the great powers of the world.

The second article by President Roosevelt, "With the Cougar Hounds," describes a number of encounters with the cougars, and contains a great deal of matter that is distinctly valuable to the naturalist and the student of animal life.

"Among the Dunkers," by Nelson Lloyd, gives the first adequate account of the picturesque lives and primitive worship of this strange people, identified with one of the most beautiful valleys of Pennsylvania.

J. A. Mitchell concludes his short serial "The Pines of Lory," which has piqued curiosity as to what the ending would be. "Without Law or License," by Sewell Ford, tells the story of a New York promoter and of the adventures that befell him in an effort to arrange a little deal with a small South American republic. The Point of View discusses "Physiognomy in Places and Individuals" and "Memory and the Lack of it," and in the Field of Art the question of an "Ideal *Salon*" is debated.

Malaria Simulating Hydrophobia. — At the recent Pan-Hellenic Medical Congress, held at Athens, Nicolettis reported a case of apparent acute hydrophobia in a child, who exhibited all the ordinary symptoms, including biting the persons around. He was not known to have been bitten by any animal, but had a history of preceding malaria. Nicolettis diagnosed the case as pernicious malaria, instead of hydrophobia, and injected quinine subcutaneously, with complete cure of all the symptoms in three days. In the treatment of malaria one member of the congress lauded a mixture of quinine and methylene-blue as very effective in his experience, while another ascribed great therapeutic efficacy to a combination of belladonna, quinine, and iodoform.—Journal of the American Medical Association.

Wills Eye Hospital. — Dr. William F. Norris has resigned his position as attending surgeon at the Wills Eye Hospital after a service of almost thirty years. He will become a consulting surgeon of the institution. Dr. William Zentmayer has been appointed his successor. Dr. George C. Harlan has also been appointed consulting surgeon, while Dr. Paul J. Pontius was made assistant surgeon to Dr. S. L. Ziegler.

Pathological Society of Philadelphia. — At the last meeting of the Pathological

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Society the following officers were elected for the ensuing year: President, Dr. Charles W. Burr; vice-presidents, Drs. Simon Flexner, Alfred Stengel, and Joseph McFarland; secretary, Dr. J. Dutton Steele; treasurer, Dr. T. S. Westcott; recorder, Dr. David Riesman; curator, Dr. W. W. Babcock.

Professor Czerny.—Privy Councilor Vincenz Czerny, Professor of Surgery at the University of Heidelberg for the past twenty-seven years, and one of the most eminent authorities on surgery in the world, is on a visit to this country.

Professor Goll, of Zurich.—Dr. Friedrich Goll, Extraordinary Professor of Pharmacology, has retired at the age of 72 years. His name is familiar in connection with the posterior columns of the spinal cord. He has been succeeded by Dr. Max Cloetta, his assistant.

Obituary. — *Dr. C. H. Brown.* — The death of Dr. Charles Henry Brown, for many years managing editor of the Journal of Nervous and Mental Diseases, the official organ of the American Neurological Association, and the New York, Philadelphia, and Chicago Neurological Societies, occurred October 15th.

Professor Widerhofer.—Dr. Hermann von Widerhofer, Professor of Pædiatrics in the University of Vienna, recently died in consequence of a second attack of apoplexy. He had been attached to the university for many years as *privat-docent* and extraordinary professor, becoming ordinary professor in 1884. Since 1863 he had served as physician to the imperial family of Austria, and was regarded with high esteem by his sovereigns. Professor Widerhofer was an excellent, practical teacher.

Dr. Thomas M. Markoe.—Dr. Markoe, of New York, a well-known surgeon, recently departed this life at the advanced age of 82. The deceased was a native of Philadelphia, but his professional life had been spent in New York. For many years he had been Professor of Surgery in his *alma mater*, the College of Physicians and Surgeons. He was emeritus professor at the time of his death. He had served through the Civil War, and had active work in the field and brigade hospitals. Dr. Markoe was closely identified with the New York Hospital for over half a century. He had also been connected with other hospitals of the city, and had carried on a large public and private surgical practice. He had published an excellent treatise on diseases of the bones and occasional articles in the journals. The deceased was of attractive and engaging character and highly esteemed by all with whom he was brought into contact.

A Long Period of Activity.—We have received from Dr. G. P. Hackenberg, of Austin, Texas, a remarkable list of his contributions to medical literature during the last half-century, beginning with his thesis on "Music as a Therapeutic Agent," written inaugural to his graduation in 1850 from the Medical Department of the University of New York, and continuing year by year down to the present time.

House of Refuge. — The Glen Mills School, situated at Glen Mills, Pa., celebrated Founder's Day on October 17th. The program included inspection of the workshops, schools, and cottages, lunch, an exhibition of general physical training as well as contests in athletics in the Harrison Gymnasium, exercises in the gymnasium, military drill on the general parade ground, and dress parade.

Camden District Medical Society.—The regular meeting of October 8th was held at Blackwood by courtesy of the Board of Freeholders of Camden County, N. J. Reports were presented by the sections on Sanitary Science, Obstetrics, and Microscopy and Pathology.

Louisville Society of Medicine.—At the annual election of officers of the Louisville

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Society of Medicine, held at the Galt House, September 2d, the following officers were elected: President, Dr. Walter B. Gossett; vice-president, Dr. Thomas A. Hayes; secretary, Dr. W. O. Green; treasurer, Dr. A. H. Falkner.

Resignation.—Dr. E. C. Dudley has resigned the chair of gynæcology at Northwestern University Medical School.

Elephantiasis. — It is stated that Mr. Low, the present holder of the Craggs Scholarship at the London School of Tropical Medicine, has proved that elephantiasis, which is spread through the agency of the mosquito, is not caused, as has been supposed, by drinking water polluted by the dead bodies of infected mosquitoes, but by the bite of mosquitoes, and immunity can, therefore, be secured by avoiding the bite of this pest. This will be welcome news to the natives of countries lying in the zone of the mosquito, where elephantiasis is most common, though it is rarely contracted by Europeans.—Medical Times and Hospital Gazette.

Scientific Prizes Awarded.—Two of the Nobel Institute's scientific prizes, each worth 20,000 Danish kröner, have been awarded, one to Professor Finsen, the originator of light-treatment for lupus, and the other to Dr. Pavloff, a Russian physiologist, for his researches in nutrition.

Baptist Hospital, Chicago.—Dr. Reuben Peterson has resigned as gynæcologist, and Dr. Palmer Findley has been appointed in his stead. Dr. A. E. Halstead has been appointed to the surgical staff and Dr. Charles E. Paddock obstetrician.

University of Maryland. — Dr. José L. Hirsh has been made Associate Professor of Pathology and Bacteriology and visiting pathologist to the University Hospital; Dr. D. M. R. Culbreth, Professor of Materia Medica and Pharmacognosy; Dr. R. Tunstall Taylor, Associate Professor of Orthopædic Surgery; Dr. John G. Jay, Associate Professor of Clinical Surgery; Dr. H. H. Arthur, Associate Professor of Diseases of Women; Dr. S. B. Bond, Associate Professor of Genito-Urinary Diseases; Dr. Harry Adler, Associate Professor of Diseases of the Stomach; Dr. Hughlett Hardcastle, Lecturer on Diseases of the Nose and Throat; Dr. George A. Fleming, Demonstrator of Ophthalmology; Dr. E. V. Milholland, Demonstrator of Diseases of the Throat and Nose; Dr. H. C. Hyde, Demonstrator of Pathology and Bacteriology.

Tonsillotomy-rash.—Dr. Wyatt Wingrave, of London, Eng., describes in the Laryngoscope a rash following tonsillotomy. He has met with it in twenty-six cases in the course of seven years.

"The eruption generally appears on the second or third day, either papular, roseolar, or erythematous in type. It most frequently attacks neck, chest, and abdomen, sometimes extending to face and extremities. The earliest appearance noted is on the day following operation; the latest one is on the sixth day. Its duration is generally two or three days, but may extend to five days. After reaching its maximum intensity, it rapidly disappears without desquamation, but is sometimes associated with intense itching. It may occur at any age: the youngest was fourteen months and the oldest twenty-three years. With regard to sex, excluding the specific cases, sixteen were females and six were males."

Kings County Hospital.—The following have been appointed and confirmed for positions on the staff of Kings County (N. Y.) Hospital: Samuel Sherwell, consulting dermatologist; Calvin F. Barber, visiting surgeon; H. A. Alderton, otologist; Jonathan Wright, laryngologist and rhinologist; A. M. Judd, obstetrician; A. C. Brush, neurologist; J. T. Duryea, visiting physician; J. W. Russell, dentist. W. C. Woolsey, assistant dermatologist; Ernest Palmer, consulting gynæcologist; and Charles D. Napier, orthopædic surgeon, previously elected, were confirmed.

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Tufts College Medical School.—The new building for the Tufts College Medical School was opened on October 3d. Dr. Elmer T. Capen, president of the college, made the opening address. The building was then accepted by the trustees of the institution.

Tubercle Bacilli in Cigars.—Dr. Klemperer, of Berlin, who has found tubercle bacilli in cigars which had been manufactured by cigar-makers at their homes, advises smokers to use cigar-holders.

Hay Fever.—We cull the following interesting item from the Indiana Medical Journal:—

"An Ohio editor says that hay fever is caused by kissing grass widows. A Missouri editor says it is caused by a grass widow kissing a fellow by moonlight. An Iowa editor says it is caused by the fellow kissing his girl while he is feeding hay to a cow, and an eastern Kansas exchange is of the opinion that it is caused by missing the girl and kissing the cow. A political editor says that it is caused by too much kissing in the hey-day of youth."

Warren Triennial Prize.—Dr. Frederick J. Cotton, of Boston, has been awarded the Warren Triennial Prize for the year 1901; his essay was entitled "Elbow-fractures in Children."

American Electrotherapeutic Association.—This association, which met at Buffalo, N. Y., for its eleventh annual session, elected the following officers: Dr. Frederick H. Morse, Melrose, Mass., president; Drs. Daniel R. Brower, Chicago, and Alfred T. Livingston, Jamestown, N. Y., vice-presidents; Dr. Richard J. Nunn, Savannah, Ga., treasurer; and Dr. George E. Bill, Harrisburg, Pa., secretary.

The Rocky Mountain Interstate Medical Association.—At the annual meeting of this society, recently held at Denver, the following officers were elected: President, R. Harvey Reed, of Wyoming. First vice-president, Donald Campbell, of Montana. Second vice-president, Walter R. Pike, of Utah. Treasurer, E. S. Wright, of Utah. Recording secretary, George P. Johnston, of Wyoming. Corresponding secretary, S. D. Hopkins, of Colorado. Board of Trustees, T. J. McKenzie, of Wyoming; James Crater, of Wyoming; R. A. Fisher, of Utah; C. H. Jones, of Arizona; J. H. Bean, of Idaho; and W. W. Grant, of Colorado.

An Unexpected Discovery in the Nerves of the Nasal Mucous Membrane in Nasal Reflex Neurosis.—Lewy writes that in two cases of marked nasal reflex neurosis, due to hypertrophy of the inferior turbinates, the hypertrophied tissue showed on removal an extraordinary number of thickened nerve-branches running under the free surface. The author would attribute the increase of reflex irritability to this increase of nerve-supply, and not to change in the nerves themselves. As this has not been described before, he would like further investigation to be carried out.—Journal of Laryngologie, etc.

The American Academy of Railway-surgeons.—The following officers were elected: President, Dr. A. S. Jonas (chief surgeon Union Pacific), of Omaha; first vice-president, Dr. L. Sexton (Illinois Central), of New Orleans; second vice-president, Dr. W. H. German (Chicago, Rock Island, and Pacific), of Morgan Park, Ill.; secretary and treasurer, Dr. T. B. Lacy (Chicago and Northwestern), of Council Bluffs; editor, Dr. R. Harvey Reed (Union Pacific), of Rock Springs, Wyo.; member of Executive Board for four years, Dr. C. D. Evans (Union Pacific Railway), of Columbus, Neb. The organization will hold its next annual meeting at Kansas City.

Northwestern University Medical School.—At the opening exercises of this school a handsome portrait of Dr. N. S. Davis, Sr., was unveiled. The presentation speech was made by Dr. Winfield S. Hall, who spoke of the connection of Dr. Davis with

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the school for many years, and the portrait was accepted on behalf of the faculty by Dr. John E. Owens. Dr. N. S. Davis, Jr., who now occupies the position as dean of the school, formerly held by his father, presided and introduced James H. Eckels, who delivered the address of the evening.

Fort Worth (Texas) University Medical Department.—The only notable change in the faculty is in the chair of anatomy, which is now held by Dr. Gardiner, who succeeds Dr. William R. Thompson, resigned.

New York Obstetrical Society.—At the annual meeting of the New York Obstetrical Society the following officers were elected for the ensuing year: President, Dr. Malcolm McLean; first vice-president, Dr. J. Riddle Goffe; second vice-president, Dr. Le Roy Brown; recording secretary, Dr. George L. Brohead; assistant recording secretary, Dr. George G. Ward, Jr.; corresponding secretary, Dr. E. E. Tull; treasurer, Dr. J. Lee Morrell; pathologist, Dr. W. S. Stone.

Book Reviews.

A Text-book of Obstetrics. By Barton Cooke Hirst, M.D., Professor of Obstetrics in the University of Pennsylvania. Third Edition, Thoroughly Revised and Enlarged. Royal Octavo, 873 pages, with 704 Illustrations, many of them in Colors. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $5.00, net.

This work has achieved a well-deserved success. The author has had an extended experience and every page bears witness that the statements are the result of personal observation. His career as a teacher has enabled him to present his facts in such form as to prove most available to the student. In preparing this edition he has revised the text wherever necessary in order to make it truly representative of the doctrines and practice of the period. The new matter principally relates to the diagnosis of pregnancy, the pathology of pregnancy and labor, and to obstetrical operations. The author's style is good and the book is one that can be confidently recommended.

Modern Obstetrics: General and Operative. W. A. Newman Dorland, A.M., M.D., Assistant Demonstrator of Obstetrics in the University of Pennsylvania; Associate in Gynæcology in the Philadelphia Polyclinic. Second Edition, Rewritten and Greatly Enlarged. Handsome Octavo, 797 pages, with 201 Illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $4.00, net.

This is also a good and helpful book, one from which the student will derive clear pictures of normal pregnancy and sound instruction as to the conduct of cases which display any anomaly. As, unfortunately, the latter class of cases are sufficiently common and may be among the most dangerous and difficult with which a practitioner must deal, the portion occupied with pathological obstetrics constitutes the larger part of the book. The original issue was favorably received, as it well deserved to be, and in preparing a second edition the author has added such new matter as has been brought forward in the literature since the date of first publication. This book is an acceptable and reliable guide to the responsibilities of obstetrical practice. As this work in most cases falls to the lot of the general practitioner, it is essential that he should keep himself informed as regards the advances which are made in a knowledge of the pathological aspects of pregnancy and labor.

The Principles and Practice of Medicine. Designed for the Use of Practitioners and Students of Medicine. By William Osler, M.D., Fellow of the Royal Society;

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Fellow of the Royal College of Physicians, London; Professor of Medicine in the Johns Hopkins University, and Physician-in-Chief to the Johns Hopkins Hospital, Baltimore, etc. Fourth Edition. New York: D. Appleton & Co., 1901.

It is a pleasure to commend such a work as Professor Osler's. By a happy combination of scholarly as well as scientific attainments the author from his wide experience and reading produced a text-book on medicine which captured immediate favor. Three editions have been rapidly exhausted. Many changes and additions were needed in the fourth edition. Movement has been rapid of late years in clinical medicine as well as in experimental work bearing directly upon the subject-matter of this book. Accordingly, the author has found himself obliged to incorporate the gist of the numerous important studies which have been recently published. As regards malaria, dysentery, yellow fever, and the plague many new and valuable researches have added to the accumulating fund of knowledge. The work done at the Boston City Hospital relative to diphtheria required and has received notice in this volume. A number of articles have been so amended as to be practically new material.

A Treatise on Pharmacy for Students and Pharmacists. By Charles Caspari, Jr., Ph.G., Professor of the Theory and Practice of Pharmacy in the Maryland College of Pharmacy. Second Edition, Revised and Enlarged. Illustrated with 301 Wood-cuts and a Portrait Plate. Lea Brothers & Co., Philadelphia and New York, 1901.

This work is an excellent exponent of the scientific basis of pharmacy. It explains the various processes and manipulations by which the preparations of the Pharmacopœia are produced, and is essentially one of instruction and aid in the study and use of the official standard. The explanations and descriptions are clear, concise, and to the point. After a consideration of the various processes of general pharmacy the author takes up the work of practical pharmacy, enumerating the official preparations and describing how each is made. The third and final part of the book is devoted to the important subject of pharmaceutical chemistry, and is a reliable account of the present state of a department of science in which much progress is constantly being made.

A Text-book of Diseases of Women. By Charles B. Penrose, M.D., Ph.D., formerly Professor of Gynæcology in the University of Pennsylvania. Fourth Edition, Revised. Octavo Volume of 539 pages, Handsomely Illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $3.75, net.

Professor Penrose's work possesses a distinctive individuality. It is written for the special benefit and instruction of the medical student and is intentionally free from matter which belongs to general text-books, such as those of anatomy, physiology, and pathology. The author thus gains space which is devoted strictly to the subject of gynæcology. In the present edition such additions have been made as are necessary to represent the increased knowledge in this field of work. The teachings are direct and practical. We need only reiterate the favorable opinion which we expressed at the time of its first publication. That the book has been well received and has proved useful is evident by the calls for successive editions. The excellent plates which accompany the text are of material assistance to the student.

The Principles of Hygiene. A Practical Manual for Students, Physicians, and Health Officers. By D. H. Bergey, A.M., M.D., First Assistant in the Laboratory of Hygiene of the University of Pennsylvania. Octavo Volume of 495 pages,

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Illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $3.00, net.

All members of the profession should be instructed in the application of the principles of science to public as well as to personal and domestic hygiene. The public naturally and properly looks chiefly to its medical men for instruction and advice on these subjects, so important to the health and welfare of communities. Public hygiene has developed into a specialty, and the work of health officers has had a noteworthy effect in diminishing the sum-total of preventable human misery. The present work has been written with the object of giving to the student of medicine a foundation upon which to build. The general subject comprises a wide range of studies, each of which has its proper and individual place in the completed scheme. Much progress has of late years been made in this branch of knowledge, owing to the studies and experience of hygienists and sanitarians in different parts of the world. The work before us may serve a useful purpose as a guide.

The Mental Functions of the Brain. An Investigation into their Localization and their Manifestation in Health and Disease. By Bernard Hollander, M.D. (Freiburg i. B.), M.R.C.S., L.R.C.P. (London). Illustrated with the Clinical Records of Eight Hundred Cases of Localized Brain Derangements and with Several Plates. G. P. Putnam's Sons, New York and London, 1901.

This work deals with one of the most important and intricate questions which can concern the human mind. The differentiation of sensory and motor areas sheds no light on the diversity of human talents and dispositions and the variety of mental derangements. To this difficult task our author addresses himself, and purposes to show that the fundamental varieties of mental derangement are localized in definite circumscribed regions instead of invading the whole cortex. The author brings forward a large mass of material to illustrate his views. His investigations have covered a period of fifteen years; he enters a plea that they should be received in a fair spirit, however critical. He claims that his results confirm those made by Gall, whose views and teachings have been ignored by men of science. It is, therefore, to a certain extent an attempted revival of phrenology.

Pediatrics. The Hygienic and Medical Treatment of Children. By Thomas Morgan Rotch, M.D., Professor of the Diseases of Children in Harvard University. Third Edition, Rearranged and Rewritten. Illustrated by Numerous Engravings in the Text and by Colored Plates. Philadelphia and London: J. B. Lippincott Company, 1901. Price, $6.00 in Cloth.

Professor Rotch's labors in the field of pediatrics are widely known and highly esteemed. The general professional appreciation of the value of this work is amply attested by the swift exhaustion of the preceding editions.

In rearranging and rewriting the present issue the author has taken pains to incorporate everything of importance which has contributed to the general fund of knowledge; so that the book as it stands is thoroughly representative of this department of medicine. It is practically a new book. The subjects of infant-feeding, of bacteriology, and of the blood have required remodeling by reason of the growth of the literature relating to those important branches of investigation. Many new plates have been added and the order in which different topics are discussed has, in many instances, been completely changed. It is questionable whether any subject in the entire domain of medicine equals in importance that of infant-feeding, and in this matter the author is a recognized

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authority. He quotes the apt remark of Dr. J. A. Jeffries that "it is a curious fact that, while older people are chiefly fed on sterilized food,—that is, cooked food,—infants are fed on food peculiarly adapted by its composition and fluid state to offer a home for bacteria." The author gives an elaborate description of the milk-laboratory with the apparatus and processes required in order to change the composition of the fluid in accordance with the physician's prescription, based upon a recognition of the demands of the infant organism. He also describes the method of home-medication. The section upon premature infants is of interest and value. The remainder of the work is devoted to a consideration of the diseases to which the newly born, young, and growing children are subject, with a full appreciation of the modification of disease processes in juvenile patients. This fact has likewise an important bearing upon the matter of treatment, for, as our author remarks, "as our knowledge advances, we learn to appreciate that the various methods of treatment must be modified to correspond not so much to the special disease as to the special group of symptoms brought about by the age of the individual and the phase of its development." The sections upon treatment are written in accordance with this enlightened and practical sentiment. The descriptions of the symptomatology, the discussions of differential diagnosis, etiology, and pathology of the diseases of infants and children are alike admirable and render the present work a model.

To correspond with the worth of the text the publishers have issued the book in handsome style.

A Text-book on Diseases of the Ear, Nose, and Throat. By Charles H. Burnett, M.D.; E. Fletcher Ingals, M.D.; and James E. Newcomb, M.D. With Numerous Illustrations. Philadelphia and London: J. B. Lippincott Company, 1901.

This volume should, and no doubt will, be welcomed by the general practitioner quite as well as by the specialist. The best specialist is he who recognizes the intimate relationship between his own department and the broad scope of general medicine. The best family physician is he who has sufficient knowledge of special branches to give information and advice concerning maladies of the ear, nose, and throat, or, it may be, to perceive that a case is beyond his power of management and requires the special expert. Diseases of these regions are furthermore of interest because they accompany a number of general affections and because they also may give rise to systemic infection. In the volume before us the diseases of the ear are described by Dr. Burnett, those of the nose and nasopharynx by Dr. Ingals, and those of the pharynx and larynx by Dr. Newcomb. Each writer is responsible only for his own portion of the work.

The importance of invariably watching the ears is shown by the result of Ponfick's examination, recorded by Dr. Burnett. In one hundred consecutive cases of children dying under three years of age, none of whom had been supposed to die of disease connected in any way with aural inflammation, there were one hundred and sixty-eight diseased tympana, most of them being ambilateral. An interesting chapter deals with the sequelæ of chronic purulent otitis media. The cerebral complications or results of aural disease likewise receive attention.

Dr. Ingals, who was assisted in his work, it should have been said, by Dr. Otto T. Freer, writes in a very clear and instructive manner of disease of the nose. The most noteworthy chapters in this part of the work are those upon epistaxis, fibrinous and diphtheritic rhinitis, hypertrophic and atrophic rhinitis, syphilis and tuberculosis of the nose, and those upon disease of the accessory sinuses.

The part contributed by Dr. Newcomb

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portrays distinctly a class of diseases, some of which are the most serious which may afflict the human body. Tuberculosis, lupus, and syphilis of the pharynx; tumors of the pharynx, tuberculosis of the larynx, syphilis and lupus of the larynx, tumors of the larynx, neuroses of the larynx, diphtheria, the pharynx and larynx in exanthemata and other fevers are among the topics which will probably attract the most attention.

Altogether, the volume is one which can be cordially recommended as a competent instructor in the field to which it is devoted.

Materia Medica, Pharmacy, Pharmacology, and Therapeutics. By W. Hale White, M.D., F.R.C.P., Physician to and Lecturer on Medicine at Guy's Hospital, London; Author of a Text-book of General Therapeutics. Edited by Reynold W. Wilcox, M.A., M.D., LL.D., Professor of Medicine and Therapeutics at the New York Post-graduate Medical School and Attending Physician to the Hospital; Visiting Physician to St. Mark's Hospital; President of the American Therapeutic Society; Fellow of the American Academy of Medicine, etc. Fifth American Edition, Thoroughly Revised. Published by P. Blakiston's Sons & Co., 1012 Walnut Street, Philadelphia, 1901. Price, $3.00, net.

Hale White's book has won for itself a high position among works on the subject. It is based upon conscientious study of the properties of drugs and their therapeutical applications. The rapid calls for successive editions are evidence of the favor with which it has been received. It is a work of moderate dimension. Within its sphere it is a reliable source of information. The elaboration of the subject is left to larger and fuller treatises. In the preparation of this edition new matter has been added both by Dr. Hale White and his American editor. By this revision the text has been brought up to date.

Anatomy, Descriptive and Surgical. By Henry Gray, F.R.S., Fellow of the Royal College of Surgeons, Lecturer on Anatomy at St. George's Hospital Medical School. Edited by T. Pickering Pick, F.R.C.S., Consulting Surgeon to St. George's Hospital, and to the Victoria Hospital for Children; H. M. Inspector of Anatomy in England and Wales; and Robert Howden, M.A., M.B., C.M., Professor of Anatomy in the University of Durham, Examiner in Anatomy in the Universities of Durham and Edinburgh, etc. A Revised American from the Fifteenth English Edition. With 780 Illustrations, Many of Which are New. Lea Brothers & Co., Philadelphia and New York, 1901.

Gray's "Anatomy" needs no introduction or encomium. Session after session for many years medical youth has been nurtured on its pages. The foundation of the work was laid on such admirable lines that it has from the first been a classic, and since the author's death it has passed through the hands of a succession of editors who have left its ground-plan intact. In gross anatomy there has, indeed, been little or nothing to add to the original descriptions. Such new applications of anatomical facts to the practice of medicine or surgery as may from time to time be introduced are duly noticed. In embryology and the microscopical anatomy of the higher nerve-centers the case is, of course, different. Progress in these directions is continual, and knowledge ever widens. These advances require insertion in the pages of each new edition.

Under the care of the present editors the work maintains that prestige which it has enjoyed in English-speaking countries for nearly half a century.

The publishers have performed their part in a fitting manner in the highest style of art.

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COMMERCIAL NEWS.

A CONTRIBUTION TO THE THERAPEUTICS OF PEPTO-MANGAN, "GUDE."

By Dr. Ludwig Pohl,
City Physician of Vienna, Austria.

It was about five years ago that I first had occasion to test Gude's pepto-mangan. The curative results obtained from its use were so surprisingly good that I decided to experiment thoroughly with this preparation on my abundant clinical material, the outcome of which is reported in this article.

The number of remedies introduced every year into the market are so numerous that for this reason alone it would be impossible to employ all of them, even if only experimentally, or to make a careful choice. Pepto-mangan appealed to me strongly in the first instance for reasons that I shall explain. Although inclined to think well of this preparation from the first, I would remark that my observations were instituted without bias, and that my investigations were carried out in a strictly scientific manner. I was led to make a thorough study of this preparation by the subjective statements of the patients that it never caused the least disturbances, the objective evidences of improvement, and, besides these, by the following considerations: According to the views of many authors, iron preparations, to be efficient, must exert not only a local, but distant—that is, general—effect. In chlorosis and in many severe cases of anæmia chalybeates are said to remove the hydrogen sulphide, formed frequently in large amount in the alimentary tract, by the combination of the iron with the sulphur. This removal is necessary, because hydrogen sulphide, if present in too large quantity, renders impossible the absorption of the iron in the food by precipitating it in the form of sulphide of iron. It is known, however, that not only iron, but also manganese, is adapted in a high degree for taking up hydrogen sulphide. Manganese therefore acts as an auxiliary to iron in this respect.

Another circumstance was decisive for me. A large number—almost all—of the officinal ferruginous preparations are absorbed only to a slight extent when administered internally. This can be maintained on the ground of the fact that in animals and human beings positive evidence of the entrance of these preparations into the blood cannot be obtained if the persons experimented with have not intestinal catarrh or have not received excessive doses of iron. The more the preparation approximates to the form in which iron is contained in the food, the more likely it is to be absorbed. The peptonizing of an iron preparation is therefore of decided advantage, as its absorbability and assimilability is thereby enhanced to a considerable degree. Aside from this, the peptone combination is adapted for exerting the systemic effect. This general action of iron preparations only takes place if after absorption they undergo conversion into hæmoglobin. Hence this conversion is only possible in the case of preparations which contain iron in form of an organic combination. They will then act even when containing a much smaller percentage of absolute iron. It was therefore the chemical constitution of the preparation which appealed to me, and which induced me to undertake extensive experiments.

The cases in which I employed Gude's pepto-mangan comprised chiefly the poorer class of people. I mention this particularly, because with these patients it is difficult or well-nigh impossible to pay attention to the hygienic conditions or to consider the dietetic side of the treatment. Notwithstanding this, the results were favorable. Of course, they were most satisfactory in the case of those patients who were also able to carry out the hygienic and dietetic regulations. Numerous cases of chlorosis, anæmia, neurasthenia, and hysteria, as well as two cases of malarial ca-

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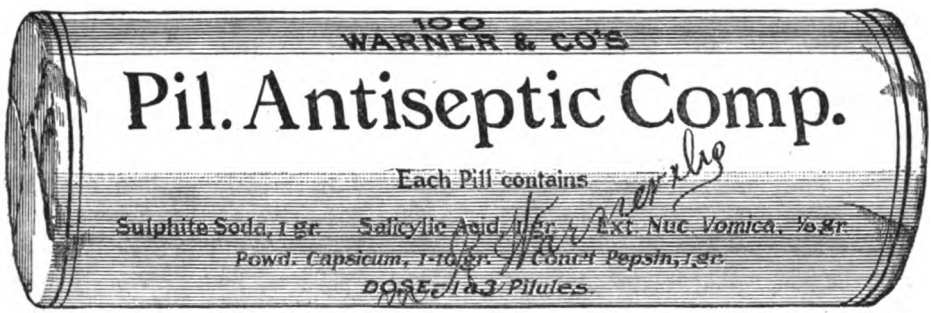
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chexia, were submitted to careful and thorough observation. In many cases determinations of the bodily weight, measurements of the blood-pressure, estimates of the hæmoglobin percentage, and blood-counts were made.

As regards the bodily weight, I observed in sluggish, obese, chlorotic patients a reduction in flesh as well as improvement of the general state. The high absorbing power of the preparation and its ready conversion into hæmoglobin increases the oxygen capacity of the blood; *pari passu* with this there is an improvement of the metabolism, the oxidation, which takes place at the expense of the non-nitrogenous elements of the body: that is, the adipose tissue. In the case of lean persons I combine with this treatment rest in bed for several weeks, to which may be ascribed the increase of bodily weight observed.

There was a constant change in the conditions of blood-pressure. In almost all the chlorotic patients the blood-pressure, estimated by Basch's sphygmomanometer, became considerably higher. In many of my cases I noted improvements in the blood-pressure of 40 to 60 millimeters in the course of four weeks. Besides this, the fluctuations of blood-pressure, so frequently observed during changes of position, disappeared; the pulse frequency diminished considerably; and the subjective disturbances connected with the circulatory apparatus, especially the troublesome palpitation of the heart, subsided. I would remark that this amelioration occurred under the use of no other remedy in so short a time as under that of Gude's pepto-mangan.

In judging of the value of an iron preparation conclusive evidence is afforded by estimates of hæmoglobin and blood-counts. To determine the hæmoglobin I employed Fleisch's hæmoglobinometer, and as a solvent a 0.6-per-cent. sodium-chloride solution; for blood-counts I made use of the apparatus of Thoma-Zeiss and a 2.5-per-cent. solution of potassium bichromate for the red blood-corpuscles; the white were not counted.

To demonstrate the changes in the hæmoglobin and in the number of red corpuscles, I report here the history of a girl, 16 years old, affected with marked chlorosis. The disease was of almost two months' duration and attended with general functional disturbance. There were present mental anxiety, a disinclination to work, to enjoy life, or move about, marked muscular weakness, cardiac palpitation, difficulty in breathing, loss of appetite, headache, vertigo, restless sleep alternating with sleeplessness. The patient came from healthy parents, had previously been always healthy, and menstruated for the first time in her fifteenth year, but scantily and irregularly. Marked pallor of the skin and mucous membranes was noted; the lungs were normal. The area of cardiac dullness was enlarged toward the right side; blowing murmurs were heard over all the valves, and a bruit over the jugular vein. The radial artery was very small and soft, the pulse frequency 110. The spleen and liver were normal in size; there were no glandular swellings; the bones were not tender to pressure. The urine contained no abnormal constituents. The percentage of hæmoglobin in the blood was 35 per cent.; the number of red blood-cells 2,700,000 to the cubic millimeter. The white cells were not increased; otherwise the condition of the blood was normal.

The treatment was as follows: The patient was advised to live on a mixed diet, with an abundance of fresh air and moderate out-door exercise. She also took 3 teaspoonfuls of Gude's pepto-mangan daily.

The increase of hæmoglobin and of the number of red corpuscles is shown in the following:—

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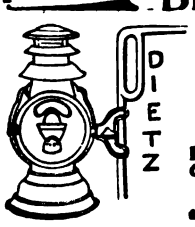

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Before proceeding with the history of this case I would emphasize the fact that the number of red blood-cells increased more than one and one-half million, while the increase of hæmoglobin amounted to more than 100 per cent. Such marked improvement in the condition of the blood under the treatment with Gude's pepto-mangan was not unusual, but rather the rule in chlorosis. And it may be assumed with certainty that the above described effect is attributable to the high absorbability of this preparation as compared with the numerous other chalybeates, and, further, to the combined action of iron and manganese upon the blood-forming organs. I would add that numerous investigators, such as Hannan, Kugler, and many other authors, have called attention to the important part played by manganese both in the blood and as an hæmatogenic remedy.

In the case under consideration there was a perceptible improvement in the patient's subjective and objective state. The existing disturbances subsided gradually; the cardiac palpitation, loss of appetite, and sleeplessness disappeared, and after four weeks' treatment she was discharged cured.

It is not the purpose of this report to detail numerous histories of cases, and I shall content myself with briefly mentioning that I have treated more than one hundred cases of chlorosis with Gude's pepto-mangan with as good results as those above described, except that in some instances the results did not appear as promptly. The fact cannot be sufficiently emphasized that during the entire course of treatment the remedy did not have to be discontinued on a single occasion, although this must be often done with other ferruginous preparations. I never heard a complaint that the preparation was not well tolerated; on the contrary, the patients stated that they did not experience the slightest disturbance even during its prolonged use, and that it acted mildly, was well borne, caused no disturbance of digestion, but rather promoted the latter, and was free from any disagreeable taste.

I have previously mentioned that it may be positively assumed that pepto-mangan "Gude" stimulates the hæmatopoietic organs to increased activity. Numerous blood-findings discovered casually by me, the appearance of the so-called immature forms of blood-corpuscles, constrain me to take this view. Of much greater importance is the circumstance, however, that in numerous diseases of the blood occurring in connection with the lymphatic and blood-making organs I have derived excellent results from the use of Gude's pepto-mangan.

Decided amelioration in the leukæmic state, arrest of the process in severe cases for a long time, reduction of the glandular swellings, improvement in the relation between red and white corpuscles, were noted by me in several cases under my care.

In my opinion, the value of ferruginous preparations in neurasthenia and hysteria has received too little consideration. The success of a rational therapy depends upon an effective application of all methods of treatment and remedies which enable us to combat the entire group of symptoms. An easily absorbable ferruginous preparation is of incontestable benefit, and I believe that Gude's pepto-mangan occupies a prominent place in this connection. It is not my intention here to institute comparisons with various iron preparations. I would emphasize, however, for reasons already mentioned and which are especially based upon the composition of Gude's pepto-mangan, that I prefer the latter preparation, and have employed it successfully in all conditions where it is necessary to improve the quality of the blood.

In conclusion, I would mention that I have obtained excellent results from Gude's pepto-mangan in two cases of severe malarial cachexia. In the one case the treatment occupied three weeks, in the

(Continued on Advertising Page 22.)

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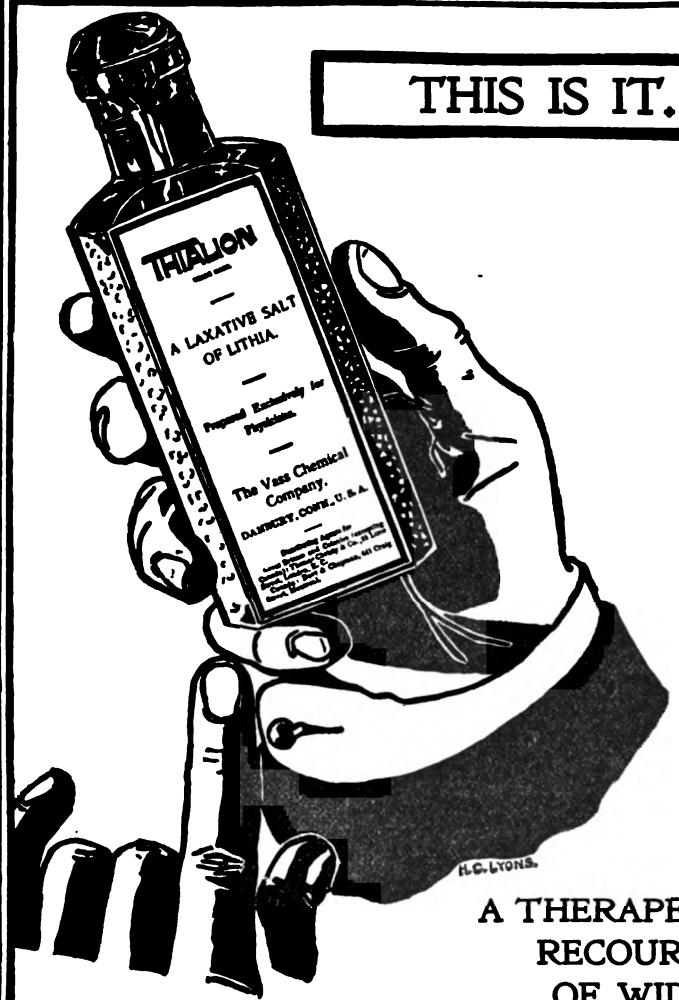

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other five weeks. Both cases were cured. It is of interest that, in the first case in which a malarial attack had not occurred for some time, a typical paroxysm, with rigor, fever, and sweats, developed. After one week's treatment the attack failed to recur, and for this reason I was unable to search for plasmodia. I am not disposed to overestimate this occurrence, nor to make it the subject of theoretical reflections. I am decidedly of the opinion, however, that this attack is attributable to an influence of pepto-mangan "Gude" upon the spleen.

In all particulars Gude's pepto-mangan is an excellent preparation, which bids fair to occupy a permanent place in the materia medica. I would be pleased if through this article I had directed attention to this valuable remedy, and incited others to undertake experiments and report their observations.—Aerztlicher Central Anzeiger, September 20, 1899.

CLINICAL REPORTS ON THE THERAPEUTIC VALUE OF GLYCO-THYMOLINE.

By Isaac J. Jones, M.D.,

AUSTIN, TEX.

Having had a large experience in the management of old cases of rhinitis, and other chronic nasal and pharyngeal conditions of the aged, I hope that a short report of cases will prove of interest to your readers. At the outset I wish to state that I am not a specialist, and I do not suppose that my experience will be of any value to those who are specialists in these branches, or even to those who have a competent specialist available to whom he can refer his patients. The general practitioner is daily consulted by people suffering from these conditions, and he is often embarrassed for a treatment that is applicable and accessible to himself and his patient.

It was this situation that led me, while acting as surgeon to the Texas Confederate Home, where there are large numbers of these cases, to experiment with glyco-thymoline. This is an alkaline, antiseptic liquid, carrying in perfect solution some of the essential oils, and is a local stimulant. Its application with a Bermingham nasal douche (which can be purchased in any drug-store for a few cents) is easy, and not at all disagreeable to the patient. The general practitioner can keep a bottle of the preparation and a douche in his office, and at trifling expense be prepared to do something, and in very many instances the best thing, for his patient, who would probably otherwise go untreated; and our country brethren, who are distant from the specialists, could add considerable to his income from this source, and give many times value received for it by adopting this treatment. During the last two and one-half years I have dispensed in my practice about one hundred bottles to a large variety of patients, but will only report four or five, illustrating the range of usefulness of the preparation.

Case No. I.—J. M., aged 65, male. Atrophic rhinitis of both nares. Turbinates had entirely disappeared. Septum perforated. Odor simply horrible. Large crusts in posterior nares and naso-pharynx. Began treatment with 25-per-cent., warm solution of glyco-thymoline, gradually increased to a 50-per-cent., administered three times daily. After three weeks' treatment the odor disappeared entirely. No crusts; a frontal headache, which had annoyed him constantly, had now disappeared. He was now directed to keep on hand a douche and supply of the preparation, using it regularly once a day, and oftener if he became worse. Has remained under my observation for eighteen months since, and declares that he is perfectly relieved of the symptoms from which he suffered. Of course, the anatomical lesions were not improved.

(Continued on Advertising Page 23)

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Case No. II.—C. J., aged 3, female. Tonsillitis and rhinitis, accompanied by membrane very similar to diphtheria. Putrid odor from nose and mouth. No fever. Had attempted to make a number of applications without much success, owing to the child's resistance. Gave $^1/_{10}$ grain of calomel every hour for ten hours, and applied 25-per-cent. glyco-thymoline with steam-atomizer every three hours. Odor disappeared almost at once, and membrane began to loosen and come away in twenty-four hours and had soon disappeared. Treatment continued at longer intervals for one week, when patient had entirely recovered.

Case No. III.—C. E. B., aged 60, male. Acute coryza. Frequent sneezing. Head stopped up; nasal discharge and headache; nasal mucous membrane turgid. Gave $^1/_{1000}$ grain of atropine sulphate and 25-per-cent. glyco-thymoline hot as could be borne, every two hours, to be applied with douche. Relieved almost immediately.

Case No. IV.—W. P. H., aged 82. Acute cystitis with acid urine. Urine dark brown and loaded with pus and shreds of mucous membrane, and quantity greatly diminished. Excessive nausea. In addition to appropriate constitutional treatment, the bladder was irrigated with 10-per-cent. solution of glyco-thymoline in warm water through a Wigmore "Y" three times daily. The condition of the urine was almost immediately improved in a marked manner. Pus disappeared, as did also the mucous shreds. The color soon became normal, as well as the reaction, and the quantity was increased. The foul odor, which had characterized the urine at the beginning, was improved by a second irrigation.

Case No. V.—J. G., aged 72, male. Large and deep chronic ulceration of leg just above external malleolus. Has persisted for fourteen years. Edges ragged; odor fœtid. Cauterized thoroughly with nitrate-of-silver stick, washed with 25-per-cent., hot solution of glyco-thymoline.

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The wash was kept up daily with one or two more applications of silver nitrate, for eight months, when the ulcer was entirely healed, and has remained so under my observation for eighteen months.

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I put sanmetto to a very thorough trial, thinking, as I prescribed it, "Now I will see." I have case in old gentleman suffering from hypertrophied prostate, of long standing; had been giving "elix. saw palmetto comp.," etc.,—substitutes of sanmetto, I take it,—but with little benefit. Had advised castration as only method of relief, but to my pleasure, and I may say surprise, I noticed some little benefit following administration of a bottle of sanmetto. Bought another bottle,—8 ounces,—gave that, and am giving it now, with decided benefit. I gave another bottle of it to a patient who had been taking huge doses of Kissengen and Vichy salts for obesity, on advice of another physician, until he had produced an irritation of his bladder, almost beyond endurance. Two days' treatment with sanmetto relieved him nicely—and a tablespoonful per day now controls it. I shall in future use only the "real thing"—no more substitutes of sanmetto for me.—Edgar I. Bradley, M.D., Elkhorn, Mont.

Sanmetto is not new to me, as I have used it two years. I will report a case that came under my treatment on the fourth day of February. A lady about forty years of age had spasms of the neck of the bladder. She was in constant pain. She could neither sleep nor sit still. She was compelled to urinate as often as every half-hour. I commenced giving her sanmetto, a teaspoonful every two hours for the first twelve hours. The next twenty-four hours I gave her a teaspoonful every three hours, and the next twenty-four hours every four hours, unless sleeping. Discharged the woman the fifth day as well, and she has been well ever since. A prominent physician of our city had been treating this patient, but she received no benefit from his treatment whatever.—William S. McLean, M.D., Saginaw, E. S., Mich.

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Clinical Lectures.

IMPETIGO CONTAGIOSA—ECTHYMA—SYCOSIS.[1]

BY JOHN V. SHOEMAKER, M.D., LL.D.,

Professor of Skin and Venereal Diseases in the Medico-Chirurgical College and Hospital of Philadelphia.

CASES I AND II. IMPETIGO CONTAGIOSA.

GENTLEMEN: Two little boys, brothers, —aged, respectively, 6 and 8 years,—are brought here on account of an eruption upon the face. The disease has been in existence for two weeks. Both children attend school. Both are of weakly aspect. The lesions are situated principally upon the cheeks, although in the older boy a few are present upon the back of the hands and some upon the scalp. They are roundish in contour, flat, isolated, and pustular in character. The pustules have ruptured and the contents have dried into yellow crusts, which are not very firmly attached to the surface. When a crust is raised or removed the spot is seen to be excoriated and covered by a little, thin pus. The lesions are about the size of a split pea. The disease did not begin in the pustular form, so the mother tells me, but as vesicles,—"little blisters," to use her own words. She is of the opinion that the trouble was contracted at school. No pain and only slight and occasional itching has attended its course.

The disease is manifestly the same in both children. It is a distinctly marked affection, as is sufficiently evidenced by the description which I have given. An inflammation in spots, going on to the production of moderately sized pustules and probably of contagious character, as we may infer from the relationship of the children and their attendance at the same school, should not give us much difficulty in diagnosis. There are not many disorders with which it may be confounded. If seen in the vesicular stage we might think of eczema or herpes. In eczema the vesicles are small, grouped, and seated upon an erythematous base. The vesicles of herpes occur in isolated clusters, which soon recede. That these are not cases of pustular eczema is plain from their isolation, comparatively large size, and almost total absence of itching. They cannot be of syphilitic nature, for there is no polymorphism, coppery hue, or sore throat. Moreover, syphilis seldom occurs at this period of life. The boys are too old for any likelihood of the inherited variety, while they are not old enough for the acquired form, unless it may have been innocently and ignorantly contracted by one of those deplorable accidents which undoubtedly do occasionally occur. It is to be admitted also that hereditary syphilis is, in rare instances, tardy in its advent, and apparently

[1] Delivered in the amphitheater of the Medico-Chirurgical Hospital.

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spares the child until adolescence. Such exceptions may, however, here be dismissed from consideration, for these cases exhibit none of the signs of syphilis. They bear, on the other hand, a close resemblance to impetigo and ecthyma. I am able to differentiate them from the latter by the fact that the lesions of ecthyma have a hardened, inflammatory base; are surrounded by a red zone, or areola; and that its crusts are thicker and darker. In ordinary impetigo the pustules are raised. In the cases before us they are flat. If we remember the suspicion of contagion we are at once guided to the diagnosis of impetigo contagiosa. These are, in truth, excellent representatives of that malady.

I do not need to dwell upon a description of impetigo contagiosa. The lesions are here before your eyes, and the histories given are characteristic. The affection chiefly prevails among children, and is spread largely by contact in the schoolroom. It attacks poorly nourished children by preference, and sometimes spreads in epidemics. I have a word of warning to utter in this connection. Be always on your guard against confounding this disease with either chicken-pox or small-pox. The vesicles of varicella are small, they are generally distributed over a large part of the body, and they are not transformed into pustules. The most disastrous mistake, however, is in failing to recognize the true nature of varioloid or mild cases of discrete small-pox, and considering them as impetigo contagiosa. The present epidemic of small-pox which prevails over a large part of the country has, in many instances, been of such a mild type that some physicians could scarcely believe it was in reality that justly-dreaded contagion, and impetigo contagiosa was one of the affections for which it was mistaken. Be cautious, therefore, in your examinations and judgments when confronted with a contagious disease which has spread largely through the community.

The treatment of impetigo contagiosa does not present any difficulty. As the children are, for the most part, delicate or scrofulous, they require tonic treatment, nutritious food, and favorable hygienic care. As regards the lesions, we should soften and remove the crusts by means of oil or warm water, wash the exposed surfaces with an antiseptic solution, and apply some mild unguent. In the present cases we shall order syrup of ferrous iodide, $^1/_2$ drachm to be taken three times a day. Topically the following ointment shall be employed:—

℞ Sulphuris sublimati, ʒss.
Olei eucalypti, *m*xx.
Ungt. zinci ox., ʒj.
M. et ft. ungt.

Case III. Ecthyma.

A boy of 16 exhibits upon the back a rather sparse eruption consisting of red spots. There are a few lesions also on the shoulder and back of the arms. The tops of the spots are surmounted by a small crust as if a minute rupture had occurred, leading to escape of pus and the formation of crusts. The disease began two months ago in the form of large papules, which were soon transformed into pustules. Coincident with their first appearance the boy suffered from headache and nausea. The average diameter of the lesions now present is about a quarter of an inch.

This disease exhibits a considerable resemblance to that by which the two little brothers were afflicted. It differs, however, in the absence of any history or evidence of contagion and in the chronicity of its course. It is a chronic case, whereas the former was acute. The pustules in this case, also, are surrounded by a reddish areola and in some places I find pigmentation or cicatrices indicating the sites of former pustules. The size and isolation of the pustules separate the disease widely from eczema. There is neither the color nor the polymorphism of syphilis. It is, in fact, an example of ecthyma. It corre-

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sponds fully to the aspect and course of that affection. Ecthyma is sometimes acute, but generally chronic in its course. The former variety lasts two or three weeks. Ecthyma may appear at any period of life. Its victims are usually debilitated or of faulty nutrition, and this general rule is not invalidated in this instance, for the youth is insufficiently fed and anæmic. The inflammation in ecthyma involves the corium, and hence may produce scars.

Patients who suffer from ecthyma require good food and sanitary surroundings. As regards medicine we administer such as will promote digestion and improve nutrition. The bitter tonics, iron, potassium chlorate, mineral acids, codliver-oil, the phosphates or hypophosphites, and nux vomica are among the remedies which may be given internally with beneficial effect. The local treatment consists in removing the crusts, irrigating the exposed surfaces with an antiseptic fluid, following by the application of a slightly stimulating ointment. Boric acid, calomel, sulphur, or naphthol will usually prove of service.

This lad shall be ordered a mixture of equal parts of syrup of the hypophosphites and extract of malt, of which he shall take a teaspoonful three times a day. After the ulcerated surfaces have been exposed they shall be dressed with an ointment containing 10 grains of mercurous chloride, or calomel, to the ounce of zinc ointment.

Case IV. Sycosis.

A man, 30 years of age, has suffered for nine years from an eruption upon the cheeks, chin, and upper lip. During this extended period the condition has fluctuated. At times the disease would be aggravated and then again improvement would ensue. He comes to us to-day during one of his periods of amelioration. The lesions are comparatively few and small. The face is to-day not very painful. The man, however, is naturally desirous of being freed entirely from his unpleasant visitor, for, judging from a long experience, he confidently expects a recurrence. He tells me that at times large pustules form and render the face very painful.

By the character and position of the lesions I am made aware that we here have to deal with the disease called sycosis. This malady is an inflammation seated in the hair-follicles. It gives rise to papules, pustules, and tubercles. It occurs most commonly in men, and upon those parts of the face provided with beard; but it may attack hair-follicles in other regions, as upon the scalp, in the axilla, etc.

Before continuing the description of the disease it will be well to introduce a second patient with the same trouble.

Case V. Sycosis.

This man, 35 years of age, exhibits lesions upon the cheek, chin, and neck. The disease has been in existence for two months. He has lately allowed his beard to grow in order to save himself the pain which shaving causes, and also because he suspects that the affection was originally acquired in the barber-shop. That the lesions, though partially hidden, are of pustular character is amply attested by the matting of the hairs by crusts. This individual considers himself in fairly good health, although he is habitually constipated.

The lesions of sycosis may occur in crops, and may either remain isolated or may become confluent. The surrounding integument is infiltrated and swollen. There is generally considerable pain and often a feeling of tension. The pustules do not rupture unless the inflammation is quite high. In some extreme cases suppuration is so extensive and deep that permanent scars and loss of hair results.

The accumulation of serum or pus within the follicle softens and loosens the hairs, so that they can be easily plucked from their beds. It is then seen that the root-end is swollen and bathed in pus.

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One of these men expressed his belief that his disease had been acquired in the barber-shop. Coupling this thought with the fact that it is the bearded part of the face which is attacked, we ask ourselves: have we here to deal with tinea sycosis, or barbers' itch? Our decision must be adverse to that hypothesis. In the contagious parasitic affection popularly known as barbers' itch, or ringworm of the scalp, the hair loses its lustre, the ends split, and the shaft is apt to break off near its point of emergence from the follicle, communicating a curious and unsightly aspect. In barbers' itch they are also loosened in their follicles, so that they can be easily withdrawn or even fall out spontaneously, but their roots are not saturated with pus. In tinea there is desquamation, which is lacking in sycosis.

Eczema of the scalp may simulate sycosis, but in the latter malady it can be demonstrated that the lesions are pierced by the hairs, showing that the process is connected with the hair-follicles.

The victims of sycosis usually present clear evidence of impaired general health. It is most apt to occur in persons who have been overworked physically or who have been under some mental strain. In some cases it is due to local irritation.

It is, therefore, necessary in the treatment of sycosis to employ internal as well as external remedies. The diet should be simple, nutritious, and easy of digestion. If there is marked indigestion we should endeavor to overcome that difficulty. The bowels should be regulated. Preparations of iron and phosphorus are often of service. Static electricity answers a good purpose. As regards topical remedies, they should be mild when the disease is in an acute stage. The hair may advantageously be clipped short, but I do not approve of shaving, as the operation is painful, and equally good, if not better, results can be obtained without a recourse to such procedure. Scales and crusts should be removed in the usual manner. Weak solutions of witch-hazel, corrosive sublimate, zinc acetate, and lead acetate are among agents which can be beneficially applied at this stage. The same substances may be used in the form of ointment if preferred. In chronic cases we may cautiously begin with more stimulating agents. Sulphur, tar, naphthol, mercuric nitrate, oleate of mercury, and carbolic acid accomplish a good object in old cases. A useful practice is to open the lesions with a knife and encourage bleeding by the free application of hot water. This relieves stasis and promotes absorption.

For the first of these two men afflicted with sycosis I shall order a combination of calcium sulphide with small doses of tartar emetic. These drugs exert a favorable influence upon the glandular apparatus of the integument and upon the blood, restraining the tendency to suppuration:—

℞ Calcii sulphuratæ, gr. $^1/_4$.
Antimonii et potassii tartratis, gr. $^1/_{20}$.
Extracti gentianæ, gr. $^1/_2$.
M. et ft. pil. No. j.
Sig.: One such pill to be taken four times a day.

Locally there shall be applied:—

℞ Hydrargyri ammoniati, gr. xx.
Unguenti zinci oxidi, ʒj.—M.

The second patient shall take internally:—

℞ Antimonii et potassii tartratis, gr. j.
Ferri pyrophosphatis, gr. x.
Extracti gentianæ, gr. x.
M. et ft. in pil. No. xx.
Sig.: One pill three times a day.

As a local application he shall have:—

℞ Hydrargyri ammoniati, gr. x.
Olei cadini, fʒj.
Olei eucalypti, *m*x.
Unguenti zinci oxidi, ʒj.—M.

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WHOOPING-COUGH.

By William C. Hollopeter, A.M., M.D.,
Professor of Pediatrics in the Medico-Chirurgical College, etc.,
PHILADELPHIA.

Gentlemen: I have the pleasure of presenting to you, this morning, several children, ranging in age from 6 months to 2 1/2 years, all of whom are suffering from a very common affection of childhood. All of these children have whooping-cough, representing, as we shall see, the various stages of the disease. Without going into their individual histories, I wish in a systematic manner to discuss with you, this morning, the principal features of the disease, referring to these cases from time to time as we proceed, picking out from each case its most striking points to illustrate our talk.

Whooping-cough may be *defined* as: An acute, infectious, highly-contagious disease, characterized by paroxysms of cough, which have their terminations in an inspiratory whoop. It is from this peculiarity that the disease receives its name. That the disease is highly contagious we have ample proof, as the occurrence of a single case in a family of several children is a signal for the outbreak of a house epidemic. These two cases are illustrations of this. The younger child, Edward S., aged 6 months, was the first to contract the disease. Within two or three weeks his sister, aged 2 1/2 years, became ill, and, according to the mother, her other two children (a boy and a girl), as well as herself, are now suffering from the disease. Of its infectious nature we are equally certain, although the specific micro-organism has not been isolated. Its contagiousness, the mode of propagation, its symptomatology, and its clinical history, as we shall see later on, can leave no doubt in our minds that whooping-cough is properly classed among the acute, infectious diseases. However, by some it is still considered to be a pure neurosis due to a peculiar instability of the nervous system, resulting, under reflex irritation, in paroxysmal explosions of nervous energy.

As to the *pathology* of whooping-cough we need say but little. This, as well as the bacteriology, is unsettled. The lesions found after death in uncomplicated cases show merely a catarrhal state—a hyperæmia, as it were—of the naso-pharynx and respiratory mucous membrane. Far more often do we encounter evidence of bronchopneumonia, atelectasis, subdural hæmorrhage, hernia, and a host of other secondary conditions as complications and sequelæ.

Various factors and conditions acting as predisposing causes must be considered in the *etiology* of this disease. The disease, as a rule, occurs in epidemics, and is usually endemic in large cities. Sporadic cases, however, are not uncommon, and their occurrence suggests the probability of the contagion being air-borne. Bad hygienic surroundings, poor ventilation, improper feeding, are all predisposing factors, of more or less importance; not that they themselves can produce whooping-cough, but, by lowering the vitality, diminishing bodily resistance, they prepare a fertile soil for the propagation of the invading specific cause. Faulty hygiene would also include the inability to properly isolate a case occurring in a large family. Overcrowding predisposes to this affection, as illustrated in these cases before us. Naso-pharyngeal catarrh, influenza, a previous bronchitis, all predispose by weakening and rendering vulnerable the respiratory mucous membrane.

Age is of some importance in the occurrence of whooping-cough. Most cases occur before the tenth year, although cases are rare before the second year. In adults, too, it is uncommon; yet here we have a child 6 months old, and a mother, both suffering from the disease. It is important that you should not lose sight of the fact

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that whooping-cough can occur in the adult. In adults, however, as in the cases before us, there is usually obtainable a direct history of the contagion. Sex is probably without influence, although it is claimed by some to be more common among girls and the majority of cases occur among whites; but it is more fatal, however, among negroes.

As I have stated before, the specific micro-organism causing whooping-cough has not as yet been isolated. A dozen or more investigators have claimed specificity for as many different germs. The organism described by Afanassieff and named the "bacillus tussis convulsivæ" has attracted most attention.

The *clinical history* of whooping-cough may be divided into three stages: the catarrhal stage, the paroxysmal stage, and the stage of decline. This is not merely an arbitrary division, although the lines separating these various stages cannot be absolutely drawn. However, the treatment applicable to the first stage is without value during the second stage. It is important, therefore, that you should be able, in order to deal rationally with this disease, to clearly distinguish as far as possible these divisions.

The *period of incubation*, as a rule, ranges from four to fourteen days. In the case before us it lasted between two and three weeks.

The *symptoms of the catarrhal stage* are well illustrated in this little child. The mother informs us that the child does not whoop, and it is because of this fact that we say that the child has not reached the paroxysmal stage. The whoop is the dividing-line between the first and second stages. The mother also tells us the child is peevish, irritable, restless, and that its rest is broken. She also states that it has had some cough which is worse toward evening. The child has a little fever, but none of very much importance. Examination reveals an absence of physical signs, except a suggestive fullness of the face, especially marked about the eyes. I notice here a symptom upon which I desire to lay especial stress, as being of particular importance in the early diagnosis of whooping-cough. The lower eyelid is puffy and œdematous, and there is a marked pinkish discoloration. This sign is very constant in the early stage of whooping-cough, and I have learned to depend largely upon it in making an early diagnosis. We have, then, in the first stage the symptoms of an ordinary bronchial catarrh, with cough, bronchial or laryngeal in character, fever, irritability, and the peculiar pinkish discoloration and swollen condition of the eyelids. The severity of the cough is out of proportion to the physical signs.

The characteristic *symptom of the second stage* is the whoop. This is well illustrated in this little girl's case. The cough, instead of getting better in a week or ten days, gradually becomes worse: louder and more paroxysmal in character. These paroxysms are worse at night and consist of several short expiratory efforts, terminating in a long-drawn inspiratory whoop. The cough is unproductive, and the paroxysms often terminate in the vomiting of a slight quantity of stringy mucus, which may be blood-tinged. During the paroxysm, as you can see before you in this little girl, the child becomes cyanosed, the eyes water, the eyeballs bulge, and the veins stand out prominently. The paroxysms are sometimes preceded by an aura. The child seems to have a premonition of what is going to happen, and will run to its nurse's arms, or seize hold of a chair or any object near at hand. These paroxysms may follow close upon each other, and leave the child utterly exhausted. They are often brought on by drinking cold fluids, as you have just seen in this case before you.

The *duration* of the paroxysmal stage of whooping-cough has no fixed time. In severe cases there are twenty to twenty-

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four paroxysms a day. These become less and less marked and further removed from each other until they entirely cease. Long after the disease ceases, however, the paroxysms may return again and again for months afterward. Thus a variety of "habit cough" is established. It is important for you to note that very young children do not whoop, and that in children who develop pleurisy or broncho-pneumonia the whoop ceases.

The most common and least serious of the *complications* of whooping-cough are epistaxis and hæmoptysis. These both result from rupture of the small blood-vessels, and occur from the severe paroxysms of cough. Ulceration of the frænum linguæ is such a common occurrence that it at one time was considered to be the cause of whooping-cough. It has, however, no such significance, and occurs as a direct result of trauma. I show you a beautiful illustration of this condition in this little boy: an ulcer at the base of the frænum linguæ. Hernia is also more or less common. Convulsions also occur, especially in vigorous children. The most dreaded of all complications, and unfortunately a rather common one, is broncho-pneumonia. Most cases of whooping-cough that perish succumb to broncho-pneumonia. This fact should impress upon you the importance of guarding against the affection, and should urge you to watch carefully your first cases for the first indication of this trouble. Increased fever, greater prostration, rapid respiration, more marked cyanosis, a change in the character and severity of the cough, these symptoms should make you suspicious and should lead you diligently to search for the physical signs. Pleurisy, pericarditis, and laryngitis also occur, and it is important to note that in children developing pleurisy as well as broncho-pneumonia the cough loses its characteristic whoop; the whoop is frequently lost.

Among the most important *sequelæ* of this affection is nephritis; atelectasis is also more or less frequent. Emaciation terminating in pulmonary tuberculosis is common.

Upon what, then, can we base the *diagnosis* of whooping-cough, and from what conditions must we differentiate this disease? Of course, the most characteristic sign which when present stamps this disease as a special entity is the whoop. Yet it is often desirable to make the diagnosis before this occurs, in order that proper isolation may be instituted. In these cases the history is of importance; a history of contagion as we have in this young child of 6 months of age. The fact that the attacks of coughing are paroxysmal in character is of great importance. Also I wish again to emphasize the peculiar pinkish discoloration of the swollen lower eyelids. This sign I regard as highly suggestive, and look upon it as a premonitory sign of even greater importance than Koplik's spots in the diagnosis of measles. It is especially well marked in this little child, in whom the whoop has not yet developed.

From ordinary bronchitis whooping-cough is to be differentiated by the presence of the pinkish discoloration of the lower eyelid, by the paroxysmal character of the cough terminating in a whoop and often in a spell of vomiting, and by the absence of physical signs to account for the severity of the cough.

From influenza it is at times most difficult to separate. In such cases we must study carefully the case, and search carefully for the history of exposure. The most important symptoms are the whoop, the pinkish discoloration of the eyelids, and the history of the prevailing epidemic, or at least a history of contact.

The fullness of the eyes may suggest measles, but the appearance of the rash, Koplik's spots, the branny desquamation, a greater amount of fever, and the absence of the whoop and paroxysms of cough will stamp the condition as measles. I wish now to direct your attention to reflex

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coughs: coughs resulting from some local irritation, as enlarged tonsils, adenoids, phimosis, and particularly the cough that results reflexly from indigestion and gastro-intestinal catarrh. As to the former, the removal of the cause will settle the diagnosis. The latter condition is at times most difficult to differentiate. The gastro-intestinal tube is filled with the products of decomposition and fermentation. The toxins absorbed into the circulation are eliminated by the respiratory mucous membrane, irritating and teasing a terminal nerve-fiber, finally resulting in coughing. The cough under these conditions is often paroxysmal in character, and bears a close resemblance to the cough of pertussis. These children, as a rule, are seen midst poor hygienic surroundings, are poorly fed and poorly clad, and surrounded by the stench and filth of slum life. As a rule, they are anæmic, and show evidence of wasting. Their tissues are flabby and their features drawn. Careful observation, however, should guard you against an error in diagnosis. Consider well the child's environments; study the condition of the gastro-intestinal tube. Physical exploration of the chest will reveal large, moist râles scattered all over the chest. In whooping-cough remember the cough is out of proportion to the physical signs. Sometimes an aperient, such as a dose of castor-oil, will clear up the condition.

The *treatment* entails the same precaution as to isolation and disinfection required in any other acute infectious disease. The diet should be liberal, and should consist of easily-digested concentrated foods given at regular and fixed intervals. The bowels should be regulated and all sources of irritation and annoyance should be removed. Out-door life should be encouraged except in bad weather; the child should sleep in a large, well-ventilated room protected from draughts. I have been in the habit of ordering the nurse or mother to place a mosquito-netting over the bed of the child so as to protect it from irritation drafts, and find that it has a tendency to lessen the number of nocturnal paroxysms. A croup-kettle is of great importance in keeping the atmosphere moist.

The *drugs* recommended in the treatment of this disease have been legion, and include nearly the whole pharmacopœial list. Many have been lauded as specifics, but all have been found wanting. I have of late years come to regard the local treatment the most important, provided the disease is diagnosed in the first, or catarrhal, stage. Whooping-cough has a striking parallel in diphtheria, in that its first manifestations are localized in the throat. Here the germs first plant themselves, and, if we can reach them and dislodge them by the use of some germicidal agent, we may be able to abort the attack or at least to mitigate its severity. A spray or gargle of peroxide of hydrogen will fulfill this indication. After the whoop is well established it is impossible to accomplish much by the local treatment other than cleanliness. For this reason it should be kept up, as it lessens the possibility of bronchopneumonia.

Of drugs for internal medication, the antispasmodics are probably the best. My choice has been mistura asafœtida, $^1/_2$ drachm every two hours. This, however, is often disappointing, and probably the next best drug is belladonna. This may be employed in the form of the tincture, or the alkaloid atropine substituted. The dose of the tincture should be 1 drop for every month of the child's life, and should be pushed to the full physiological effect. A prescription I have been in the habit of using is the following:—

℞ Atropinæ sulph., gr. j.
Aquæ destillatæ, f℥j.

One drop of this is given every three to four hours, and gradually increased until a cutaneous flush is obtained, and the child is then kept under its physiological effect.

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The coal-tar products have been used of late, and of these antipyrin is the best. One grain of antipyrin is given for each year of the child's life. For a child of three years of age I would order:—

℞ Antipyrin, gr. xlviij.
Sherry-wine,
Glycerin, of each, 1 ounce.

M. Sig.: One drachm every three to four hours.

A combination of belladonna or atropine and antipyrin I have found to act better than either alone.

A very useful adjuvant is the use of a freshly-prepared belladonna plaster placed between the scapulæ. Bromoform in the doses of 1 to 2 minims has been used, but has been a keen disappointment. Quinine, chloral, creasote, and carbolic acid I have found to be of little value.

Complications and sequelæ should be guarded against, and, when they do arise, should be treated according to general indications. Convalescence is favored by sea-shore life, and a tendency to chronic bronchitis is overcome by an early and continued use of codliver-oil.

Original Communication.

CREMATION A SANITARY NECESSITY.

By William R. D. Blackwood, M.D.,
PHILADELPHIA.

Salus populi suprema lex. Though very old, this saying is true to-day for us all. In the matter of disposal of the dead two points are to be treated: First, what we owe to the living, and, second, what we owe to the dead.

Ancient cremation, or incineration of the dead body, began long prior to the Christian era, and was not set aside by the advent of Christianity as many suppose. This method of cremation still exists in many lands just as it did in the far past, no sanitary progress in the way of modern methods having been instituted, or, to be exact, nothing in the line of improvement in technique has been shown. The old method was to place the remains upon a pile of wood, usually fragrant in character,—the sandal- or camphor- woods being preferred when available,—and the remains were then burned up with the fuel. To this inflammable material was, at times, added gums and pitch, or other substances which would insure greater combustion, and, the pyre having burned out, the ashes were strewn in the nearest stream to float to the corners of the world while the spirit was believed to have mounted on the smoke to the higher world. The "Suttee," as it still exists in India, where the British cannot prevent it (and I am told that a very considerable extent of territory is beyond supervision), is a form of cremation in which the widow of the deceased man is cremated along with the body of her spouse.

An instance of this is shown in the music-drama "Twilight of the Gods," Scene 3, Act 3 ("Die Götterdämmerung"), a part of the "Nibelungen Tetralogy" of Wagner. Siegfried having been brought home dead, his wife Brunnhilde goes to the pyre and takes with her his charger (and, in some versions, her own also), and they all are cremated.

In many Eastern lands incineration prevails, and in some no other method is permitted. There being no legal objection to cremation, we have simply to consider any other made to the process, and, furthermore, let us see wherein that method of disposal of the dead should be considered as an advance on older plans, such as earth-burial, or the throwing of the body intact into the ocean, which is about the only plan aside from interment in the ground.

Now, we owe a great deal to the living, for after we are dead we are absolutely of

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no account, and more than that we are not alone an encumbrance, but a nuisance and a danger unless means are taken to destroy the poison engendered through decomposition of organic matter. The inevitable process of involution occasions the most horrible system of putrefaction imaginable. We all know how offensive the carcass of a dog or any such small animal is in a few hours after death has occurred, and how quickly some one sets about covering it up or disposing of it where it will not offend the olfactories of the neighborhood. What happens to the brute happens to the king, the tramp, or the beautiful lady: they all offend and poison the air if left to do so above ground. Physicians, as a rule, know something about what a corpse comes to after interment; they know the disgusting condition of the coffin, with its mass of liquid corruption; they have seen the moles, the worms, the rats, and other vermin which prey on the bodies in almost all ground which is employed to cover up the dead. It may be said that embalming stops this, but it does not. True it is that the rapid decomposition of the body is held back temporarily, but the undertakers are not troubling themselves about eternal preservation; they only care to have the casket and its contents look well till the funeral is past, and the relatives of the defunct think what a sweet man the funeral director is, and how easily they are allured to pay shameful and extortionate bills as being the last thing they can do for the one who is gone! Unless very expensive means are employed, and means which are beyond the ability of most people to pay, the remains must decompose after burial; and, this being so, we have to look into what the facts are in the way of danger to the living incident to earth-interment.

Are there any dangers to be feared? Yes, undeniably so. The decomposition of a dead body involves the dissemination of about five thousand cubic feet of gases, varied in character, but all of them poisonous to the living. The evolution of these gases involves the primary process of liquid decomposition, with all its horribly offensive phenomena, as referred to above. In the ordinary construction of a coffin or casket the products of decay are absorbed by the surrounding earth more or less, according to its character, sand being a poor absorbent, and loamy mold a good one. Heavy clays are likewise poor absorbents, and they allow the travel of liquids to adjoining water-courses much as rocky strata do. In the course of time, more or less great, the gases escape into the atmosphere, and are taken up by vegetation, while the liquids are slowly dried or, should large numbers of bodies be interred in a given locality, they run into streams, if not too far away.

As a rule, we may consider the gaseous exhalations as innocuous, unless in the instance of vault-interment in churches through which serious consequences have repeatedly occurred, particularly in England. Vaults should be absolutely prohibited beneath the floors of any building used for public congregation. The item of saturation of surrounding earth in cemeteries and subsequent travel of liquid products of decomposition to water-courses is a very serious matter, particularly in cities, where many interments are made and where land is situated within the boundaries of the city, or closely adjacent to rivers which supply the water for culinary purposes in that or other places. The popular idea that earth filters all noxious material out of water is a fallacy; it does not. Filters merely arrest the insoluble contents; they act mechanically in holding back such matter as leaves, twigs, or other solid matter. But anything which is soluble in water will pass almost any known kind of filter, while chemical compounds pass through without any impediment at all. Earth, therefore, is practically useless as a sanitary measure in controlling contamination of streams adjacent to ceme-

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teries. The fact that the soil is poisoned through the decomposition of animal remains is proved by the instances where the germ of anthrax killed cattle which fed on the grass above graves, and this fact has been repeatedly noted.

Many other diseases render the earth surrounding coffins dangerous to the locality, such as small-pox, diphtheria, and epidemic cerebro-spinal meningitis. These diseases add their special germs to the ordinary poisons of putrefaction.

The installation of cemeteries for earth-burial is very expensive now, for land is appreciating in value rapidly in the vicinity of all large cities. Besides the expensiveness, the arrangement is wasteful, for when we recollect that a single grave takes up a space of at least seven by two feet, and, giving the odd fraction to the cemetery folks, this will allow the interment of 3112 bodies to an acre only. The urns holding the ashes of incinerated bodies if placed together in an acre of ground, and not touching each other, will amount to one million. Economy is the watch-word of to-day—how is this for an economic problem? As an example of waste, take the cemetery of the "Necropolis" in London, England. It extends over two thousand acres. It has long been full—yes, crammed with bodies on top of others—as many as twelve rammed down by force till the datum is above the surface of the adjoining streets. When space becomes scarce the resort is "Management," which, being interpreted, means throwing the forgotten interments into a scrap-heap in a corner of the place and the wood forming the coffins has been seen to be carried away for kindling! We have not yet come to that, but we will. In my own knowledge I have seen the disinterment of nineteen bodies from a single grave in this city of Philadelphia, and the family owning the lot had no idea of such desecration, as they had long previously purchased lots elsewhere, leaving the dead in the lower part of the city to the mercy of the owners of the cemetery. The living do not deserve this desecration of their rights, nor do the dead, who cannot remonstrate.

In considering what we owe to the dead, it may be said that they ought to be assured of an interment which will be a decent repose forever. Do they get this? How soon are they forgotten! In corners of our city one may see hidden behind walls plots of ground wherein are interred those who long ago were the leaders of fashion and business of the community. The stones which erstwhile marked their resting-place are lying prostrate; the inscriptions were effaced long ago!

The provision made some years ago toward supplying "material for dissection purposes through the unclaimed bodies in almshouses, hospitals, morgues, and elsewhere" has done much to lessen the trade of the so-called "resurrectionists"; but the demand is large and the supply limited; yet I do not care to enlarge upon this point farther than stating the self-evident fact that incineration abolishes all danger from this source.

Advocates of cremation have adduced the argument that premature burial does sometimes occur; but this argument would prevail under any system, of course. Such danger is hardly to be apprehended nowadays, when registration is almost everywhere the law.

In summing up the reasons why cremation should supersede earth-burial I note the common objections to the process. The objectors say that the method is heathenish, pagan, and terrible. Well, it is not heathenish, because the most enlightened people adhere to it in great numbers. It is not pagan, because pagans do not employ cremation. It is not terrible, because of its simplicity, its perfectly fulfilling the command: "Dust thou art, and to dust shalt thou return." Cremation returns the dead to dust in a few short hours, while earth-burial delays and hinders that

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process. Incineration is a sensible and sanitary observance; with it there is no horrifying putrefaction; the body is reduced to ashes in a few hours and the process cannot injure anyone. Cremation is rapid, sanitary, and elegant; earth-burial is slow in controlling involution, unsanitary, and horrible. Cremation returns the elements to their evolution beneficently, but earth-interment is prejudicial in its resolution of the body to its ultimate dissolution. Incineration aids in abolishment of expensive and pretentious funerals, and the ideal ceremony is to have the funeral services at the residence during an evening, when the family of the dead can then have their dear one to themselves for a time, the incineration being done next day in privacy.

The popular idea that the body is burned up in a fire is erroneous; the process is simply that of drying or distillation within an air-tight retort, and no flame or combustion takes place within this receptacle at all. The result of incineration is to reduce the remains practically into two parts: carbonic acid and phosphate of lime from the bony frame-work. The carbonic acid is absorbed by trees or plants within about twelve hours and the carbon "fixed" as an integral part of the plant, while the oxygen is exhaled to sustain life through respiration. The ashes are at the disposal of the family, and whether buried or not are absolutely innoxious to anything. Space will not permit more detailed description, but the process can be seen at any time in any of the twenty-eight columbariums in this country. Already scientific men and women who look beyond the mere sensationalism affecting disposal of the dead have become supporters of the plan of cremation, and in course of time its merits must become apparent to those who take interest in the sanitary surroundings of the community at large.

Under the ordinary plan of interment in stormy weather how many spectators have lost their lives through exposure! How depressing is the sight of mourners standing around the yawning grave, maybe partially filled with water! How sad the appearance of the mound of dirty clay which is rudely shoveled upon the coffin while gaping strangers discuss the appearance of the people and the ceremonies! How different the simple duties at a well-appointed columbarium! There all is done in the handsome chapel: the mourners seated about the catafalque during any ceremonies, and at the close the casket almost imperceptibly sinks to the crypt beneath the floor. A handsome pall covers the aperture through which the descent is afforded, and the incased body, having reached the crypt, is wrapped in a sheet saturated with alum-water, which prevents any possible appearance of flame whatever, while the casket is being transferred into the retort. The door being closed hermetically, the process begins, and is finished within a few hours. All is done in reverent decency; all is simple and esthetically beautiful; all is clean, sanitary, and efficient. Incineration as performed in the modern way is a blessing to the living, while earth-burial is an affront to the dead!

Abstracts.

Syphilitic Labyrinthitis.

Dr. Crouzillac, of Toulouse, has described the case of a man, 43 years of age, who, having contracted syphilis, presented, five and a half months after the initial lesion, all the symptoms of syphilitic inflammation of the labyrinth, with cerebral manifestations. The secondary symptoms having been very mild and the subject being of an age and in circumstances apt to produce early tertiary disease, the phenomena were regarded as on the borderline between secondary and tertiary syphilis. Improvement was not long delayed

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under specific treatment, and some months later was complete. The rapidity with which the infection had invaded the labyrinth and the prompt effect of treatment were the noteworthy features of the case.—Revue Hebdomadaire de Laryngologie, etc.

Actinomycosis of the Lacrymal Ducts.

G. Terson, of Toulouse, in connection with a case of the kind, enumerates the diagnostic signs:—

1. Lacrymation.

2. Dilatation of the lacrymal point and muco-purulent discharge produced by pressure upon the swollen canaliculus.

3. Enlargement of the entrance into the duct, sometimes so great as to permit the escape of characteristic small yellow grains.

4. Thickening of the eyelid from before backward throughout the extent of the lacrymal conduit.

The treatment consists of complete extraction of the parasitic concretions, followed by irrigation of the cavity with boiled water or a solution of sublimate.—Récueil d'Ophtalmologie.

Multiple Affections of the Cranial Nerves Complicating Herpes Zoster.

L. Achard, in a Lyons thesis, studies successively the facial paralyses which may accompany herpes zoster. He explains the complication by supposing that the herpes probably results from alterations in the centrifugal nerves which preside over the cutaneous functions. This conception enables us to understand the occurrence of herpes without sensory disturbances, the lesion involving in certain cases only the special nerves of the face.—Recueil d'Ophtalmologie.

Syphilitic Femoral Arteritis.

At a meeting of the Medical Society of the Hospitals M. Barth reported the case of a man attacked by muscular atrophy and intermittent lameness in consequence of spontaneous obliteration of the femoral artery. The man was 55 years of age and a mason by trade. Although no arterial pulsation could be felt in the limb, there was no cyanosis when it was at rest. When the patient wished to walk, however, circulatory disturbances arose. He experienced crawling sensations, with stiffness of the atrophied muscles and lameness.

It is probable that this obliteration is the result of syphilis, which the patient had five years previously contracted.—La Tribune Médicale.

Co-existence of Meningeal and Genito-Urinary Tuberculosis.

Dr. Simmonds has studied the relations between these two localizations. He observed a case in the person of a young man, 24 years of age, who died with symptoms of meningitis, which, on account of some pulmonary manifestations, were considered as being of tuberculous nature. The autopsy confirmed the diagnosis of tuberculous meningitis. It showed, moreover, the existence of descending genito-urinary tuberculosis, the original focus being in the pelvis of the kidney. It was not the first occasion on which Simmonds had seen genito-urinary tuberculosis terminate in fatal meningitis. Out of 61 autopsies of men having lesions of tuberculosis of the genito-urinary system, 19, or 33 per cent., had died of tuberculous meningitis. This is a considerable proportion, and is all the more notable from the fact that in consumption of the lungs meningeal involvement is encountered in only 5 per cent. of the cases. On the other hand, Simmonds has made investigation concerning the frequency of genito-urinary tuberculosis in persons who perish from tuberculous meningitis. During five years he has collected particulars of 37 cases of tuberculous meningitis in children, 8 in women, and 35 in men. Of the men, 16 were also afflicted with genito-urinary tuberculosis. On the

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contrary, among men who died of consumption of the lungs the genito-urinary organs were involved in only 10 per cent. of the cases.

As to the frequency of tuberculous meningitis in male subjects of genito-urinary tuberculosis, Simmonds is inclined to believe that sexual indulgence favors the dissemination of the germs by causing congestion of the genital apparatus. It is to be noted that prior to puberty the coexistence of meningeal and genito-urinary tuberculosis in boys is rare. Furthermore, he has records of three young men who had tuberculosis of the testes and who perished from meningitis two or three months after marriage.—La Tribune Médicale.

Typhoid Spondylitis.

Dr. Kuhn has placed upon record the case of a young man, aged 18 years, who had suffered from typhoid fever which ran a regular course. Eight days after defervescence a new period of fever occurred and lasted ten days, being caused by thrombosis of the right femoral vein. Twenty days later the patient complained of pain in the lumbar region of the left side. The pain yielded to the influence of hot applications, but reappeared at the end of six days with increased intensity. The patient could not raise himself in his bed or flex his thighs without experiencing violent pain. The left lumbar region and the spinous process of the fourth lumbar vertebra were sensitive to pressure. From time to time there were chills accompanied by elevation of temperature. Subsequently the fever became continuous. One month after the beginning of the vertebral complication it was observed that the lower lumbar vertebræ projected and were painful upon pressure. The deformity increased rapidly and terminated in kyphosis of the two last lumbar vertebræ. The patellar reflexes were exaggerated. From this time the fever ceased, the pain diminished, and, at the end of fifteen days, the patient could sit up in bed. He left the hospital three months after the appearance of the spondylitis with an accentuated lumbar kyphosis. He was able to walk with the help of a cane, but could not bend the trunk forward. The patellar reflexes were still exaggerated, and the muscular strength of the limbs was diminished. Six weeks later there was but a slight deviation of the spinal column, and the functions of the lower limbs and trunk were re-established.

It is probable that a number of cases of typhoid spondylitis have been ascribed to tuberculosis. More importance should be hereafter attributed to typhoid fever in the etiology of spondylitis, and we should recognize that a rather long lapse of time may intervene between the general infection and the first manifestations of vertebral localization.—La Tribune Médicale.

An Epidemic of Acute Anterior Poliomyelitis.

Dr. Leegard relates the history of an epidemic which invaded the province of Bratsberg in Norway, and six districts out of the eight of which the province is composed. It began upon the coast, and made its way into the interior along the most traveled roads. The two districts which escaped were the farthest from the sea. In each district there first appeared some isolated cases; then, at the end of a month or two the epidemic attained its height. The greatest number of cases occurred during the months of August, September, and October.

From remarks made by the author it would seem that after the first week the contagious character was lost. The infectious agent was, however, able to preserve its virulence for a longer space, although it did not seem to survive the winter. The period of incubation was only a few days, sometimes only twenty-four hours. Leegard observed two periods of age during which the disease particularly

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prevailed. One was below the fourth year, the other from the age of 15 to 19, while beyond the age of 30 an attack was exceptional. It was rather more common among males than females (57.4 against 42.6 per cent.). The co-existence of mild outbreaks of jaundice, gastro-enteritis, diarrhœa, cholera nostras, and the fact that a number of patients exhibited marked gastro-intestinal symptoms favored the idea that infection occurred by way of the digestive tract. Besides intestinal disorder, chill seemed to be the only etiological factor of importance. As in all epidemics, there were witnessed abortive forms characterized simply by general or digestive symptoms and by pain or a particular feeling of lassitude in the limbs.

There was perfect restoration to health in 12 patients (22.22 per cent. of the cases); 10 patients recovered (18.52 per cent.) with more or less loss of power; 31 patients (55.55 per cent.) remained almost completely disabled by paralysis. The mortality was 3.70 per cent.—La Tribune Médicale.

Rupture of the Spleen in Malaria.

At a meeting of the Academy of Medicine M. Boinet, of Marseilles, exhibited an enlarged and ruptured spleen taken from a cabin-boy, 14 years of age, who died of pernicious fever. He presented at the same time four other specimens of hypertrophied and torn spleen. His five cases showed that the cause of such rupture in malaria varies according to the cases.

1. Spontaneous rupture of the spleen during an attack of intermittent or pernicious fever is possible. In these cases it is favored by the softening and swelling. The rapid increase of size may distend and tear the capsule.

2. Sometimes the capsule is thin and of normal aspect. In other instances it is thickened and has lost part of its elasticity. It yields to the pressure of its contents at points where the thickness and resistance are least.

3. The adhesions to the diaphragm and stomach, so frequent in the malarial spleen, tend to produce rupture either by reason of the traction which they exert or by loss of the organ's motility by which it cannot easily escape traumatism.

4. The hypertrophy and friability of the spleen of chronic malaria were the predisposing causes of rupture in the last four cases.

5. In the second, third, and fifth cases there were star-shaped rents near the hilum. In the last case they seemed to result from a sort of *contrecoup*. A slight injury may produce a rupture.

6. In the third case the rupture occurred after a hearty meal: a fact which possesses some interest from a medico-legal point of view.

7. The second patient might have been saved by splenectomy.—La Tribune Médicale.

Latent Hæmorrhages of the Gastric Mucous Membrane.

Dr. Boas calls attention to a special form of gastric hæmorrhage in which the contents of the stomach retain their normal characters, and in order to demonstrate the presence of blood it is necessary to apply the guaiac test. The author has applied this test in 83 very different cases of disease of the stomach.

As regards the presence of blood, they are divided into three distinct groups:—

In the first the stomach-contents contain no blood. In this class are included all the gastric neuroses, all cases of gastritis with lack of hydrochloric acid, one case of gastritis with diminution of hydrochloric acid, all those of moderate gastric dilatation.

To the second group belong cases of ulcer of the stomach with or without pyloric stenosis. In these cases latent hæmorrhage is intermittent.

Finally, in the third variety were twenty

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cases of cancer of the stomach in which examination of its contents constantly showed the presence of blood.

In short, latent gastric hæmorrhage is met with in three orders of cases: (1) in typical ulcer; (2) in tumors with tendency to ulceration; (3) in dilatation with stasis. It follows that, although such hæmorrhages possess no pathognomonic value, they may be utilized in the differential diagnosis of neurosis from ulcer and of ulcer from carcinoma. In the second place, it is very possible that the constancy and continuity of these hæmorrhages in cancer explain the anæmia which these patients present.—La Tribune Médicale.

Peritonitis Following Angina.

At a meeting of the medical society of Nüremberg Dr. Neukirch related the case of a girl, 21 years of age, generally of good health and in whose antecedents nothing appeared but chlorosis and frequent attacks of sore throat. On account of angina she entered the hospital on May 28th. This had been in existence for eight days. There was a diffuse redness of the throat and swelling of the tonsils, the crypts of which were in some places full of cheesy matter. There was a functional mitral murmur. The temperature was 37.3° C. (99.1° F.). During the night the patient was seized by diarrhœa and vomiting, the abdomen became painful, and the temperature rose to 40.3° C. (104.5° F.). Her condition was worse in the morning. The tongue was dry, the face cyanotic, the pulse very frequent. An eruption of irregularly-shaped patches occupied the cheeks, neck, thorax, and upper limbs. The stomach was swollen and excessively painful to pressure. During the day the thermometer registered 41.4° C. (106.5° F.). The urine contained albumin. The girl died on the following day.

At the autopsy a recent fibrous peritonitis was found. The intestines were distended, injected, adherent to each other, and covered with fibrous exudate. The lungs were congested, the spleen swollen and soft.

The case was one of septic peritonitis, of which the starting-point and avenue of infection was probably the angina.—La Tribune Médicale.

Therapeutic Notes.

Goiter.

Dr. W. A. Armstrong, of Philadelphia, recommends the following in the Medical Summary:—

INTERNALLY.

℞ Iodoformi, gr. cxx.
Pulv. ferri reduct., gr. xl.
Ext. gentian., q. s.

M. et ft. massa in pil. No. xl div.

Sig.: One pill three times daily after meals.

EXTERNALLY.

℞ Iodoform, gr. cxcij.
Collodion, ℥iv.

M. Sig.: Shake well; paint on swelling night and morning.

Should the skin become too sensitive and sore, omit for a day or two, then resume the painting once daily at bed-time.

Sulphuric Ether in the Removal of Ceruminous Plugs.

Meierhof, of New York, writes as follows to the New York Medical Journal:—

"In dealing with impacted cerumen difficulty is at times encountered with the syringe in removing the mass, so that there is a temptation to employ considerable force, which is not without danger in the sudden removal of the plug, thereby doing damage to the tympanic membrane. In order to facilitate the removal of these impacted plugs various substances have been employed to soften or partly dissolve the mass. Among those that have been used

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are alcohol, glycerin, and the various salts of sodium, and, of late, peroxide of hydrogen has had some vogue.

"The writer has tried all of these solvents, but none has given such satisfaction in his hands as undiluted sulphuric ether, poured from a small bottle or a suitable pipette into the external auditory canal. The ether acts in a few seconds, partly dissolving the cerumen from its attachment to the canal; so that, with the most gentle syringing, the plug is promptly removed.

"I have not seen any dizziness or other ill effects from this use of the ether. For those who might hesitate at first to employ pure ether in the ear, a mixture of equal parts of ether and alcohol might be used, with perhaps the same effect."

The Mistletoe in Medicine.

In an editorial under this title in the New York Medical Journal it is said:—

"Apparently a new medicinal property has been discovered in the mistletoe by M. Deguy, who began his investigations four years ago in the hospital service of M. Huchard and that of M. Labadie-Lagrave. It is in cases of albuminuria that M. Deguy thinks he has found the plant useful. He gives daily one or two claretglasses of a filtered infusion of the plant in white wine, or the powder in daily amounts of from 15 to 30 grains, but he prefers the extract made into pills, with the addition of a little tannin, each pill containing $1\,^1/_2$ grains extract, and five or six pills to be taken daily. When, under the influence of a milk diet, he says, the percentage of albumin in the urine has been brought as low as that diet is capable of rendering it, a still further reduction is attainable by the use of mistletoe. Moreover, if the drug is employed concurrently with the milk diet from the outset, the diminution of the amount of albumin voided with the urine seems to be hastened. This impression he has acquired from comparative observations of different attacks in the same patients."

Beta-eucaine Acetate, a New Form of Eucaine.

Dr. Paul Cohn, of the poliklinik of Professor Silex, Berlin, writes, in part, in Die Medicinische Woche, as follows:—

Very recently the Schering factory has prepared eucaine in a new form: that of an acetic-acid salt. It is superior to the hydrochlorate in that it is very readily soluble in water, even to the extent of 33 per cent. In other respects it behaves exactly like the hydrochloric-acid salt. In Professor Silex's poliklinik the new drug was employed in a 2-per-cent. watery solution, after it had been found that stronger concentrations did, indeed, have more rapid effects, but were followed by undesirable symptoms of conjunctival irritation. After three minutes, during which time 3 drops had been instilled, the corneal anæsthesia was complete; one minute later only the conjunctiva became anæsthetic. The anæsthesia lasted for ten to fifteen minutes, and then slowly diminished. There was never any disturbing influence noted upon the pupillary dilatation, nor disturbance of accommodation, and the tension of the bulb always remained unchanged. There was no injury to the corneal epithelium from the eucaine. Symptoms of general intoxication—such as syncope, vomiting, etc.—were never noted, no matter how large a dose of the acetate of beta-eucaine was employed.

As regards the pathological cases in which the drug was tried, they were confined to such as belong to what may be called minor surgical ophthalmology, and which are generally treated in the practitioner's office. In ten cases foreign bodies —most often splinters of iron—were removed from the cornea. After 4 or 5 drops the cornea was sufficiently anæsthetic to permit of their removal, even when deeply seated. Small traumatic infiltrations left

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after the removal of a foreign body were curetted out with equal readiness. Four to 5 drops were also sufficient to permit of the galvano-caustic treatment with the platinum point of infiltrations, corneal ulcerations, erosions, and pterygia, which latter are treated by this method in our poliklinik with the best results. This amount sufficed to render the little operations entirely painless; and the same holds true for the tattooing of corneal opacities and leucomas. The acetate of beta-eucaine was just as useful in diseases of the lacrymal apparatus; slitting of the canaliculus, the introduction of sounds, and lavage of the duct could be effected without any pain to speak of after the instillation of a couple of drops of the 2-per-cent. solution. A similar small amount was all that was required for the removal with the scissors of several granulation nodules appearing after strabismus operations, some of which were quite large. In similar manner a small, broad, conjunctival papilloma was ablated. Ten patients suffering from chalazion were relieved of their trouble without much pain after the instillation of 3 or 4 drops of the 2-per-cent. solution. The subconjunctival saline injections furnished a further indication for the use of the anæsthetic. This process has been employed with good results in our clinic for opacities of the vitreous, choroiditis maculares, ablatio retinæ, and old keratites and corneal opacities. One-half to 1 syringeful of a 4-per-cent. solution is injected every fourth or fifth day. After the instillation of 3 drops of the beta-eucaine acetate solution the injection, and more especially the introduction of the cannula, could be effected even in children with hardly ever any difficulty.

Undoubtedly the ready solubility and non-poisonousness of beta-eucaine acetate will lead it to be used in greater strength in other departments of surgery, and in dentistry, where it will be a welcome enrichment of the practitioners' armamentarium.

Chlorate of Potash for Paris-Green Poisoning.

Dr. W. C. Whiting, of Cochesett, Mass., writes as follows to the Medical World:—

"Allow me to call attention to the efficacy of chlorate of potash in cases of poisoning by Paris green. In nine recorded cases I have not had one which proved fatal, though the quantity of poison ingested varied from 1 teaspoonful to ½ teacupful, the latter quantity producing inflammation of stomach and bowels (acting as a cathartic) and, of course, requiring subsequent treatment suitable to those conditions. I have not seen any account of the use of chlorate of potash in Paris-green poisoning in the text-books or medical journals; so I have taken the liberty to mention it, as it is nearly always at hand, whereas it is not always an easy matter to obtain hydrated sesquioxide of iron freshly prepared. I use a saturated solution of the potash (4 to 6 ounces) at frequent intervals as long as the matter returned from the stomach shows any signs of the poison. The color of the poison will be changed to a very dark brown or black by the potash. I am not sure of the chemical changes which take place, and would like to be informed. I am sure of the effect."

Hiccough.

Sulphuric acid, in minute doses, has long been regarded in Europe as a most efficient remedy for controlling persistent hiccough.

Menthol as a Palliative of Cough.

It is certainly safer to allay cough by means of a non-poisonous local anæsthetic than by morphine or any other narcotic. Such an agent, according to Saenger, of Magdeburg, is menthol. A few crystals may be vaporized in a spoon over a flame

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and inhaled, or a few drops of a 40- or 50-per-cent. alcoholic solution may be rubbed between the hands and the hands then held before the nose. At first the cough is intensified, but it soon subsides. This result can be produced, however, only if the mucous membrane is free from accumulated secretion. The remedy acts well in whooping-cough, but it should not be used in cases of acute inflammatory disease of the lung or pleura or if there is a tendency to hæmoptysis.—New York Medical Journal.

Methyl-blue in Small-pox.

Professor Matoni reports good results in the various stages of small-pox, but especially in the pustular stage, from methyl-blue administered in pills in a daily dose (divided) of from 4 to 8 grains.

Vomiting of Pertussis.

A formula of Baginsky's given in the Medical Record is:—

℞ Mentholi, gr. j.
Sacchari, gr. xxj.
M. et ft. chart. No. vj.
Sig.: One q. 2 h.

Physostigmine in Paresis of the Intestine.

C. von Noorden has found in this drug a valuable remedy for obstinate tympanites. Five cases are described in which good results followed its application in doses of $^1/_2$ to $^3/_4$ milligramme singly or repeated. No unpleasant by-effects are produced, and especially in typhoid fever good results are to be looked for.—Medical Record.

The Nettle (Urtica Dioica) in Uterine Hæmorrhages.

Dr. I. S. Kalabine states that in France peasants use successfully tampons of cotton saturated with the juice of the nettle, in nose-bleeding, and the women drink the juice or use it in vaginal injections in uterine hæmorrhage. The remedy is an old one, having been mentioned by Zacutus Lusitanicus, in 1694, in the treatment of hæmoptysis. In 1901 the author used it in six women with uterine hæmorrhages, and concludes that it may give satisfactory results in some instances. An examination was made of the contraction-curves of the uterus, produced by means of an "oncograph" and a Hering kymograph, in a bitch, before and after the injection of 25 cubic centimeters of an infusion of nettle, 1 to 10, into the femoral vein. The curves show a great increase in the force and latitude of the contractions.—New York Medical Journal.

Indigestion.

The Medical Record cites the following from J. M. Carter:—

℞ Acidi carbolici, gtt. vj.
Tinct. gelsemii (U. S. P.),
Glycerini,
Vini colchici,
Tinct. opii camphorata, of each, f℥ss.
Elix. simplicis, f℥j.
M. Sig.: 3j before each meal.

Subcutaneous Injection of Paraffin in Saddlenose.

In an unsightly case of saddlenose, the result of an injury ten years previously, Dr. Junius F. Lynch, of Norfolk, Va., had a satisfactory result from the subcutaneous injection of white vaselin, as reported in the Virginia Medical Semimonthly:—

"The operation is very simple, and requires little time. In my case the patient left the operating-room and went immediately to his work. The usual preparation of the field of operation is, however, very necessary, as is also the thorough sterilization of all instruments used. After the injection of cocaine, the paraffin, which has been previously boiled and allowed to cool,

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is drawn into the syringe and injected just under the skin until the depression is filled. It produces no irritation, and heals in place with little or no inflammation. In the course of two or three months it grows harder, and becomes of cartilaginous consistence."

Chloretone in Epilepsy.

Dr. D. J. McCarthy, in the International Medical Magazine, concludes a "Talk to General Practitioners" as follows:—

"We have in chloretone, therefore, a drug which, in selected cases, is an excellent substitute for the bromides. It is a drug which in my experience gives good results with decreasing dosage after the primary effect is obtained. In administering the drug it is usually put up in capsules, and sufficient is given in the beginning to produce an hypnotic effect. In a large class of epileptic cases the fits occur most frequently at night, and one dose of 15 or 20 grains is given at night until a drowsy effect on the following day is produced; if the desired results in reducing the number of fits are obtained, the dose is reduced one-half and the patient kept on this indefinitely. The dietetic, hygienic, and constitutional treatment is rigidly enforced in conjunction with the administration of the chloretone."

Consumption.

As a cough-mixture Dr. J. H. Jergeson, of Horicon, Wis., recommends in the Medical Brief:—

℞ Fl. ext. guaiacum, 1 ounce.
Fl. ext. stillingia, 1 ounce.
Sweet spt. of niter, $^1/_2$ ounce.
Paregoric, $^1/_2$ ounce.
Fl. ext. gelsemium, 25 minims.
Brom. potash, 2 drachms.
Syr. simplex, q. s. ad 12 ounces.

M. et ft. mist.

Sig.: One tablespoonful every three hours.

Inunction in Tuberculosis.

B. Rohden has for some years worked at the subject of inunction for tuberculous, scrofulous, and other affections, and believes that he has obtained a good method of applying this treatment with the help of a new codliver-oil-iron preparation. "Dermosapol" is a neutral balsam of codliver-oil, which possesses good qualities for the purpose of inunction and has a pleasant odor. It consists of 50 per cent. oleum jecoris aselli (finest deodorized codliver-oil), balsam of Peru, oleum cinnamomi, oleum citri, and oleum thymi; lambs'-wool fat, glycerin, and an alkali. He claims to have reduced tuberculous glands of the neck to a very small size in a few weeks by rubbing it in. This he carries out twice or three times a day, after the skin has been well rubbed with brandy and then with water; 100 grammes should suffice for ten to twelve days. He says that it enters through the follicles of the sebaceous glands, and reaches the lymph-vessels without difficulty, and effects an action in (1) heightening the alkalinity and oxidation of the lymph-apparatus, which is always lessened in scrofula and tuberculosis; (2) producing the peculiar changes in the cells and tissue-elements as codliver-oil does; and (3) by the direct carrying of glycerin in the ethereal balsam into the lymphatic vessels.—British Medical Journal.

Tonsillitis.

Dr. J. T. Crowley, of San Francisco, Cal., writes to the Medical World that the following combination seems to be well-nigh a specific, a rheumatic tendency being present in most cases:—

℞ Sodii salicylat., ʒiss.
Ferrous sulphat., ʒss.
Liq. ammon. acet., fʒiss.
Syr. Tolu, q. s. ad ʒiij.

M. Sig.: Teaspoonful three times a day in water or milk.

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THE
Medical Bulletin.

JOHN V. SHOEMAKER, M D., LL.D., Editor.
F. A. DAVIS COMPANY, Publishers.
H. T. PEARCE, Business Manager.

Philadelphia, Dec., 1901.

PETTY'S ISLAND AS A SITE FOR PUBLIC INSTITUTIONS.

THE Bureau of Charities and Correction of the great city of Philadelphia is composed of gentlemen who, without fee or reward, dictated solely by public spirit, give freely of their time, knowledge, and experience for the welfare of the municipality. Its members have brought to the service of the city a wide range of attainments in public affairs and in special, scientific knowledge. They have interested themselves in the study of all questions arising within their jurisdiction. They have addressed themselves especially to the investigation of subjects connected with public hygiene and sanitation. They are acquainted with the nature of soils; atmospheric conditions and alterations; the physical, chemical, and bacteriological properties of water; and have taken all these matters into consideration in their search for an eligible location for a portion of our eleemosynary institutions.

The Philadelphia Hospital and the Philadelphia Almshouse are crowded and overcrowded. Within the inclosure at Blockley are concentrated five thousand human beings: the population of a good-sized town. Every department is full to overflowing, and it is a constant and difficult problem to know how to provide for the needs of the inmates. This city grows at a rapid rate, and relief is urgently demanded. The badge of pauperism should not be placed upon people who, under ordinary circumstances, are self-supporting, but who are temporarily incapacitated by disease or injury. Young children should not be mingled with demoralized adults and given ample opportunity to imbibe impurity at the very threshold of life. Sick people should have a liberal allowance of fresh air, and not be huddled together in wards filled far beyond their normal capacity. The deranged should not be crowded together in unfit habitations with insufficient opportunity for physical exercise. Facilities should be afforded for the proper care and intelligent training of those who are mentally deficient and yet could be made of use under effective methods. All these classes are represented in the population at Blockley.

The buildings in West Philadelphia are old and of antiquated model, for the most part. The situation demands modern structures and enlarged space. This necessity can only be satisfied by the complete separation of almshouse from hospital, the erection of new buildings, and the acquisition of a second site for a portion of the inmates of the overgrown institution.

In order to provide for such expansion the Board of Charities and Correction has on two occasions lately called upon some of the most eminent medical practitioners of this city for their co-operation and advice. These gentlemen are connected in professional capacities with the medical schools for which our city has so long been justly famous. As teachers these men collectively represented the various branches of the healing art and have investigated problems relating to the health of communities as well as of individuals. They are all sadly familiar with the unsatisfactory arrangements and conditions which prevail at Blockley, partly by reason of the antiquity of the buildings, partly on account of the lack of room due to the rate of growth of the population of Philadelphia and the consequent increase in the number of those who are thrown upon the charities of the

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city. All these requirements for change and expansion are well known and deeply felt by the members of the Board and by the gentlemen engaged in the work of instruction in the wards of the Philadelphia Hospital.

The party of medical men and officials cheerfully and willingly relinquished their numerous engagements, suspended for the time their onerous duties, and made a careful and studious tour of observation to analogous institutions in the cities of New York and Boston in quest of information which might be of service in the situation which now confronts the medical profession and the public authorities of Philadelphia. As is known, the corresponding institutions in New York and Boston are located on islands situated in the harbors of those ports. The locations have proved eminently satisfactory in our neighboring municipalities, and have furnished an excellent example and object-lesson which we may profitably follow.

Acting upon their observations, the same party of men made a careful, thorough, and unbiased examination of all the available islands in the Delaware River, from Burlington to Tinicum. They landed, inspected, and compared the results of their conclusions. The unanimous opinion was that Petty's Island was decidedly the most eligible site. Its size, its accessibility, its elevation, its healthfulness, all recommended the spot to favor.

Philadelphia is a great city. It occupies a noble position both by reason of its material prosperity and intellectual enlightenment. Its greatness rests upon a solid substratum of honest labor: physical, professional, and commercial. Every inhabitant has abundant grounds for civic pride. The chief objection which could formerly be brought against its people was that they hardly exhibited sufficient confidence in the power and resources of their city. They rather lacked an aggressive attitude in proclaiming its virtues and advantages. Let some stupendous occasion arouse their real energies, however, and no metropolis can surpass the strenuous and determined action of this community. Of late months, however, sad to say, this somewhat sluggish passivity has been curiously disturbed. Some strange fatuity has inspired a campaign of abusive criticism against everything relative to municipal affairs. No project, however laudable, escapes misconstruction and denunciation. A Pharisaical spirit seems to be abroad, and our city is misrepresented before the country at large as a hive of corruption. Facts are distorted with wonderful ingenuity. Statements are scattered broadcast without a basis of truth. It might be supposed that the disinterested efforts of medical men who have long lived and labored here would escape this habit of detraction. Nevertheless, we find in some public prints statements which are entirely erroneous, misleading, and utterly without justification. The writer of these lines has for many years been familiar with Petty's Island. It was once partly owned by Prof. Joseph Pancoast. In the days of his pupilage the writer has wandered and gunned all over the tract, and can thus testify from personal knowledge and experience to the fertility, solidity, elevation, and salubrity of the spot. There is no marshy ground, there are no stagnant pools, the atmosphere is far from being humid and sultry in summer, but, on the contrary, is cool and breezy. Those who affect to regard an island in the river as unhealthy might, for a contrast, inspect the close, confined, and stifling atmosphere of an attic ward at Blockley during an August day, and compare it in thought to the free air of the broad Delaware.

The position of Petty's Island indicates its utility to the city of Philadelphia. Its manifest destiny is to become incorporated in our limits. We are strongly of the opinion that, whatever may be the difficulties and outlay in acquiring it now, they

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are greatly less than they will inevitably become in the future. It is narrow-minded to look only at the necessities of the present day. Such projects are for the benefit of our successors quite as much as for those now on the stage. When civic improvements are required, they should be planned on a scale corresponding to the growth of the community. There can be no question regarding the advisability of enlarging and remodeling the Philadelphia Hospital. This can only be accomplished by the removal of the insane and pauper population to another location.

ABSCESS OF THE SKIN IN INFANTS.

EVERY practitioner knows how common disease of the skin is in babes. The delicacy of the integument, the susceptibility of the nervous system, the frequency of gastro-intestinal disorders are factors which account very largely for the occurrence of cutaneous lesions. We find in a recent number of a valued exchange an interesting study by Dr. Brunier of the Polyclinic of Rothschild upon the important subject of abscess of the skin.[1]

Described under different appellations by different authors, the affection has often been termed multiple abscess of the skin, although the purulent collections are by no means numerous in all cases. Owing to the influence of Bouchut, they were long regarded in France as of tuberculous or syphilitic nature. The development of bacteriology, however, has shown that they are dependent upon the activity of staphylococci. The question next arises: in what manner do these organisms obtain entrance to the skin? The little patients generally belong to the poorer classes. Their hygienic surroundings are bad, their diet defective, and their digestive functions are often deranged. They live, in other words, under debilitating conditions. They are susceptible to attack.

The abscesses may be either superficial or deep. They may involve the epiderm, the derm, or the subcutaneous layer.

Both varieties may occur simultaneously in the same patient. The superficial lesions may begin as vesicles or tubercles. The former are multiple and appear in successive crops, rupture, and generally heal in a few days. They may attack any part of the surface, but usually affect the buttocks and legs. In certain regions, as upon the scalp, they are apt to coalesce and simulate impetiginous eczema. Upon the buttocks they may be suggestive of syphilis. In some situations, as the heel and elbow, they develop into ulcers which may heal with difficulty.

The tuberous variety of superficial abscess sometimes develops in the pilosebaceous apparatus, but generally in the sudoriparous glands. It begins as a hard, indolent nodosity, gradually softens, and ruptures at the end of four or five days. In some instances the progress is more slow. Occasionally retrogression and absorption occur without suppuration. Abscesses of this variety occur in successive attacks. They give rise to no general symptoms.

Deep abscesses begin in the subcutaneous tissue, are hard and destitute of fluctuation. They may continue in existence for a month or more. In the later stage of their development fluctuation becomes apparent and they assume a more active character. They rapidly approach the surface, rupture, and discharge their contents. They close within six or eight days. Successive crops come and go, often causing emaciation. Notwithstanding the number, which may sometimes amount to 50 or 60, there is but little constitutional reaction except the gradual failure. Appetite is preserved, and there is no fever. In the neck they excite inflammation of the lymphatic glands, which may also proceed

[1] "Abscès de la peau chez les enfants du premier âge." Par le Dr. Brunier, Assistant de la Polyclinique H. de Rothschild. Le Progrès Médical, 26 Octobre, 1901.

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to suppuration. Upon the scalp they may lay bare the bone.

These different types of abscess may coexist in the same patient. They may also be classified clinically as discrete and confluent. Furthermore, a discrete beginning may have a confluent termination.

The course of this affection may become complicated. In addition to blepharitis, conjunctivitis, and stomatitis, which are benign manifestations, otitis is possible and is sometimes fatal, although rare. The most frequent complication is gastro-enteritis, which may assume the most serious forms. Broncho-pneumonia or pyæmia may result.

The superficial abscess is excited by staphylococci, which enter the tissue through solutions of continuity. As regards the deep form, our author is of the opinion that infection is derived through the mouth, very often from the breast of the mother, and all know the inveterate propensity of infants for introducing their fingers or foreign bodies into the mouth. He points to the frequency of enlargement of the submaxillary glands in buccal infection as a corroboration of his view. The organisms eventually enter the general circulation. Their morbific activity is favored by the influence of traumatism. Pressure and friction rank under this head, and, accordingly, the abscesses prevail particularly upon the posterior surfaces of the body.

The prognosis of cutaneous abscess is, as a rule, favorable, although it should be guarded when the babe is anæmic and its resisting power weakened. In such event the babe is at the mercy of the least complication.

Prophylactic treatment consists in proper hygienic measures. Antiseptic applications, evacuation of pus, and supervision of the diet constitute the most effective method of medicinal treatment. The complications will need appropriate management if they occur.

Correspondence.

Physiological Methods at Battle Creek Sanitarium.

The great institution which has grown up at Battle Creek, Mich., owes its prosperity and usefulness to a systematic and rational application of physiological rules to habits of life. The artificial customs of civilized life are responsible for a multitude of bodily ills. An injudicious diet is the parent of many of the diseases to which flesh is heir. In order to be healthy and vigorous we need a sufficiency of physical exercise, fresh air, sunlight, and adequate repose through which physical force is recuperated. At the Battle Creek Sanitarium all these requisites of a healthy life are utilized in the treatment of ailments. Those who become its inmates are placed upon a special dietary, chosen according to scientific principles. Not that the *menu* is rigid and monotonous. The plan is sufficiently elastic to adapt itself to individual needs and tastes. A regulated life, a well-spread board, dainty and healthful dishes, sound repose, are conspicuous features of the methods employed at Battle Creek. The care of the patients extends to every particular. Provision is made for mental relaxation and cheerful entertainment. Recognizing the important fact that physical functions depend largely upon the state of the mind, the promotion of contentment and cheerfulness is made one of the objects of the institution.

The effect of this combination of hygienic measures, and others which have not yet been mentioned, is most carefully watched and demonstrated in the various laboratories with which the institution abounds. The gain or loss of weight is noted, the blood is microscopically examined, the chest-capacity is ascertained, the secretions are studied, and by these means an accurate register is obtained of the im-

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provement which has resulted from the methods of treatment. A great feature at Battle Creek is physical exercise. This is graded according to the strength of the patient. In the case of debilitated individuals very gentle exercises begin the course. For those who are too weak for the lightest form of activity passive movements are made, the Swedish movements are performed, and recourse is had to the advantages which massage possesses. As far as possible, gymnastic and calisthenic movements are carried on in the open air. Abundant facilities exist for the prosecution of exercise, both in-doors and out-of-doors. For the valetudinarian sun-baths are provided. The wonderful resources of electricity are likewise called upon in this institution. It is provided with all the most modern appliances for the utilization of this force to the needs of the incapacitated human system.

Much stress is laid upon the therapeutic use of water. The physiological effects of hot and cold water have been most carefully studied by those in charge, and a system has been elaborated which has yielded exceedingly satisfactory results. The scientific use of water has a powerful influence upon respiration, circulation, the nervous and glandular functions. For those who are unable to bear cold applications warm or tepid water is at first employed, but the temperature is gradually and as rapidly as possible reduced.

There are many modes of applying water. These, with modifications of temperature, permit its beneficial employment in a wide range of diseases. According to the circumstances of different cases and different patients, the wet hand-rub, wet-sheet rub, the half-bath, douches, packs, fomentations, applications to the spine, foot-baths, sitz-baths, and various other measures are employed.

With such an admirable armamentarium and judicious methods, carried on by a large corps of accomplished physicians and scientists, trained nurses, and expert cooks, surrounded by ample grounds, opportunities for riding, boating, and swimming, during the season, it need surprise no one to learn that the sanitarium at Battle Creek is now but one out of many, that it has become a parent-institution with branches in distant parts of this country and in Europe.

The course pursued at Battle Creek is of special value to that large class of cases which are due to defective action of the organs of nutrition and elimination. Impairment of nervous and muscular force is decidedly benefited by a sojourn at this interesting sanitarium. All those ills which are the result of diminished nutrition receive renewed energy from the course in vogue at the Battle Creek Sanitarium.

Sophie Dorothy Nuebling.
Battle Creek Sanitarium, Michigan.

Medical News and Miscellany.

The Christmas "New" Lippincott Magazine.—In the Christmas issue of Lippincott's Magazine appears a completed novel by Louis Evan Shipman. As a compliment to its hero, the title is "Ralph Tarrant." Tarrant, a member of a fine old Virginia family, goes pleasuring to Paris, where he at once loses his heart to a beauty, Lady Anne Bevis. Unfortunately a marriage has already been arranged between the lady and her cousin. The dauntless Tarrant determines to win her in spite of it; and out of this Mr. Shipman makes his thrilling novel.

In addition to the complete novel there are many short stories in the Christmas edition. One of these is the latest love-story of the sea by Cyrus Townsend Brady, called "The Captain of H. B. M. Ship Diamond Rock." "The Unfinished Elegy," by Karl Edwin Harriman, is a pathetic Christmas story about a musician. A

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charming sort of "Alice in Wonderland" story is contributed by a young Englishwoman, E. Ayrton. It is entitled "The Little Gate of Fairyland."

Paul Laurence Dunbar's story called "The Visiting of Mother Danbury" continues his series of tales about types of Ohio country-people. "King Edward's Coronation," by Mrs. Belloc-Lowndes, of London, tells of the event which will happen in a few months. The queen's part in the program is also explained.

With Christmas in the air, Agnes Repplier's talk about "The Oppression of Gifts" must find a ready echo in many hearts. A paper by Edmund Gosse, LL.D, about "The Best Books," is both good reading and helpful, coming from this scholarly source. Some quaint old forgotten legends about Christmas are told anew by Abbie Farwell Brown in her contribution entitled "Christmas Stories of the Saints."

I. Zangwill's two poems, "Sea of Marmora" and "Smyrna Harbor," breathe of his recent travels in the Orient.

Two Christmas poems of unusual merit are "The Ballad of the Scullion-maid," by Theodosia Garrison, and Zitella Cocke's "Bethlehem." Other poems are contributed by Meribah Reed, Charles Elmer Jenney, and Mary E. Stickney. The "Walnuts and Wine" department this month is merry with a Yule-tide flavor.

University of Pennsylvania. — Dr. Charles K. Mills has been elected Professor of Diseases of the Nervous System; Dr. Charles W. Burr, Professor of Diseases of the Mind, and Dr. William G. Spiller, Assistant Professor of Diseases of the Nervous System.

Montefiore Home.—Dr. Alfred Wiener has been appointed adjunct neurologist to the Montefiore Home.

Class Smoker.—A smoker was given by the Medical Class, '04, and Dental Class, '03, of the Medico-Chirurgical College to the Freshman Class on the evening of November 6th. The occasion was of marked interest to those present.

McClure's for December.—No one will ask for better holiday reading than that which the Christmas issue of McClure's Magazine will furnish. First and foremost is to be mentioned John La Farge's article on "Michael Angelo," the first of a series in which, during the following year, this great artist and critic of our own day will discuss in the pages of McClure's the greatest artist of the past. There are seven separate short stories, most of them by writers already well known to readers of McClure's. "A Mendicant" is a tale of Japan. For the briskly humorous style of recital, it would be hard to excel Herminie Templeton's vivacious account of "Darby Gill and the Good People." Life of to-day is variously dealt with by H. A. Crowell in "The Pictures and the Pine-apples"; by Theodore Dreiser in "A True Patriarch"; by John Swain in an "Independent Boy," a sketch of the unique juvenile court of Cook County, Illinois; and by Ray Stannard Baker in "At the Tunnel's End." In "The Shadow of a Tragedy" George Madden Martin continues a now famous series. In this issue, also, commences a serial certain to attract national attention: Stewart Edward White's "The Forest Runner," the scene of which is laid in the forests of northern Michigan. Stranger almost than any of these is the true account, by Agustus Bridle and J. K. Macdonald, of the eight days' wanderings of an American, Charles Bunn, in the Arctic Circle. Last, but not least, we have another of Miss Morris's stage recollections (of Salvini this time) and another of William Allen White's characterizations, this time of Senator Platt.

Assistant Professor of Hygiene.—Captain E. L. Munson, Assistant Surgeon in the United States Army, has been appointed Assistant Professor of Military Hygiene in the Army Medical School in Washington, D. C.

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The New York Obstetrical Society.—At the meeting Drs. A. Jacobi and Paul F. Mundé were elected Honorary Fellows.

McKinley Memorial Hospital.—In honor of our late lamented president a memorial hospital is to be erected in Philadelphia. During the week from November 11th to 16th an interesting series of entertainments were given in behalf of this fund. The programs were of varied character, including musical, dramatic, and social features. The project was entitled the "Meschianza," which recalls the spectacular diversion given in Philadelphia when occupied by the British troops in 1778.

Liverpool School of Tropical Medicine.—Dr. R. Fielding-Ould, Dr. C. Balfour Stewart, and Dr. A. S. F. Grunbaum have been appointed assistant lecturers.

The December Ladies' Home-Journal.—The Christmas Ladies' Home-Journal is the largest number of that popular magazine ever issued, and the quality seems in keeping with the quantity. It opens with an account of "The People Who Help Santa Claus," after which comes a sweet story by Elizabeth McCracken, entitled "The Baby Behind the Curtain." John Fox, Jr., the clever Kentuckian, contributes a short story, and the Journal's new serial of the Western metropolis, "The Russells in Chicago," is begun. Rudyard Kipling tells "How the First Letter was Written," and Elliott Flower has a laughable sketch, "The Linfields' Christmas Dinner." The Journal's two romances, "Christine" and "A Gentleman of the Blue Grass," are given their second and third installments, respectively, and the library of the "Bradley House" is shown. Mr. Bok's editorial takes the form of a personal and somewhat confidential chat with his readers. There are also a children's Christmas play by Ednah Proctor Clarke; some touching stories of "The Other Side of the Town," by the Rev. David M. Steele; and an interesting account of the Sistine Madonna done in needle-work. The various departments are unusually strong, and the whole magazine is full of the Christmas spirit. A noteworthy feature, pictorially, is the double page of college girls, on which are shown groups of college girls from nearly every girl's school of note in the country. This is only the first in a "picture story" of one hundred photographs, which will show "What a Girl Does at College." The cover design is a beautiful piece of work by Thomas Mitchell Peirce.

Glasgow Royal Infirmary.—Dr. T. K. Monro, one of the physicians to the infirmary, has been elected Professor of Medicine at St. Mungo's College.

Medical Schools Ordered in Turkey.—The Sultan of Turkey has ordered the establishment of medical schools at Bagdad, Damascus, and Smyrna.

Bucks County (Pa.) Medical Society.—At the annual meeting the following officers were elected for the ensuing year: President, Dr. Howard A. Hellyer, of Penn's Park; vice-presidents, Drs. Henry Lovett, of Langhorne, and Alfred Fretz, of Sellersville; secretary and treasurer, Dr. E. A. F. Myers, of Blooming Glen.

Alvarenga Prize.—Dr. George W. Crile, of Cleveland, has been awarded the Alvarenga Prize for 1901, for his essay entitled "An Experimental and Clinical Research into Certain Problems Relating to Surgical Operations."

Dr. Lindeman.—Dr. Lindeman, privatdocent of the University of Moscow, has been elected to the chair of general pathology at the Medical Faculty of Kieff.

Mutter Lecture on Surgical Pathology, College of Physicians of Philadelphia.—The Mütter Lecture for 1901 will be delivered in the Hall of the College of Physicians, Northeast corner of Thirteenth and Locust Streets, on Tuesday, December 3d, at 8 P.M., by Dr. Harvey Cushing, of the Johns Hopkins University. Subject:

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"Some Experimental Observations Relative to the Surgery of the Nervous System."

Dr. Wiederhold.—Dr. M. Wiederhold, of Wilhelmshöhe, near Cassell, Germany, recently paid a visit to Philadelphia, and attended some of the clinics at the Medico-Chirurgical Hospital.

Dr. Andrew B. Somers.—Dr. Andrew B. Somers, of Omaha, has been appointed secretary of the State Board of Health, succeeding Dr. Ole Grothan.

Wisconsin State Medical Society. — At the annual meeting, held at Waukesha, the following officers were elected: President, Dr. W. H. Nielsen, of Milwaukee; vice-presidents, Drs. A. J. Hodgson, of Waukesha, and L. H. Pelton, of Waupaca; secretary, Dr. C. S. Sheldon, of Madison; assistant secretary, Dr. A. T. Holbrook, of Milwaukee; treasurer, Dr. S. S. Hall, of Ripon; censor, Dr. Wallbridge, of Milwaukee. The meeting of the society in 1902 will be held at Milwaukee.

Removal.—Dr. Ellwood E. Hopkins announces his removal to 1907 Chestnut Street, Philadelphia.

St. Louis Academy of Medicine.—At the annual meeting the following officers were elected: President, Dr. A. C. Bernays; vice-president, Dr. J. W. Williamson; secretary, Dr. Alfred Roulet; treasurer, Dr. George Howard Thompson.

Elisha Kent Kane Medal.—Dr. A. Donaldson Smith, of Philadelphia, has been awarded the Elisha Kent Kane Medal by the Geographical Society of Philadelphia in recognition of his extensive explorations in the previously unknown region of the Upper Nile in the year 1900.

Some Aural Complications of Influenza. —S. MacCuen Smith says that hæmorrhagic otitis is by many believed to be the distinguishing feature of otitic influenza. Mastoid implication or irritation is present in all severe cases. Meningitis, lateral sinus-thrombosis, intracranial and extradural abscesses are encountered more frequently with each succeeding epidemic. The virulence of an aural discharge cannot be judged by its odor, nor can the gravity of an otorrhœa be measured by its chronicity. An odorless discharge from the ear sometimes contains pathogenic micrococci, which may cause some of the most serious intracranial inflammatory lesions. Treatment must be prompt and energetic. Absolute rest in bed, free diuresis, and properly conducted diaphoresis are of the first importance. The external layer of the membrana tympani is composed of modified skin, and is influenced but little, if any, by medicated solutions. Solutions of cocaine, belladonna, etc., cannot be depended on to relieve pain, except from the caloric they impart. Blood-letting in front of the tragus is of service, but must be used at the beginning of the attack. Early incision of the membrane is the best conservative.—Medical Record.

Diphtheria Complicating Measles.—D. N. Blakely and F. G. Burrows discuss diphtheria as a complication of measles. During the period of two and one-half years from February 1, 1898, to July 31, 1900, there were treated at the South Department of the Boston City Hospital 150 patients who had measles and diphtheria. Of these, 34 per cent. died. The death-rate in uncomplicated diphtheria patients for practically this same period was less than 13 per cent. Of the whole number, 82, or 52 per cent., had laryngeal diphtheria, and of these, 36, or 44 per cent., died. In the 82 laryngeal cases there were 47 intubations, with a death-rate of 55 per cent.; in the remaining 35 in which intubation was not practiced the death-rate was 29 per cent. The earlier in the course of measles that diphtheria develops, the more serious is the prognosis. These authors believe that the existence of diphtheria or the possibility of its onset should be considered in every case of measles, for the congestion

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of the mucous membrane and air-passages caused by the measles renders it especially fertile for the growth of the organism of diphtheria.

The White Invasion of China. — Hon. Albert J. Beveridge, United States Senator from Indiana, has spent the past five months in the far East investigating commercial and political conditions, studying international relations, appraising national resources, and conferring with the men who are establishing the Eastern policy of the European powers. The vast amount of information thus secured at first hand Senator Beveridge will embody in a series of noteworthy papers, the first of which appeared in the Saturday-Evening Post, of Philadelphia, on November 16th. Senator Beveridge is a trained writer and a trained observer, and he has infused extraordinary interest into subjects that might make dull reading if less brilliantly handled.

The X-rays in Forensic Medicine. — On October 16, 1901, Dr. Mihran K. Kassabian, of the Medico-Chirurgical College of Philadelphia, read a paper before the New York Medico-legal Society, on "The X-rays in Forensic Medicine." He pointed out, by actual cases and sciagrams, the infinite value of the Roentgen-ray diagnosis in legal medicine. He summed up the value to the physician, patient, and jurymen as follows:—

The *physician* is benefited by establishing an early and correct diagnosis, and can apply proper treatment more promptly and intelligently than he otherwise could; in malpractice suits he is protected by the indisputable evidence of the sciagram.

The *patient* can be more readily impressed with the exact condition of his injury both before and after treatment.

The *lawyer*, with the tangible evidence of a sciagram before him, can often decide quickly and with judgment whether a case should be compromised or carried to court.

To the *jurymen* the x-ray is of great value, for by comparing the sciagram of a normal with that of an injured part they can obtain much valuable information. From this silent and trustworthy witness they can form correct opinions as to the union or non-union of bones, amount of deformity of a part, and to a certain extent the amount of disability resulting from an injury.

The author also called attention to the necessity of having the sciagrams made by a competent physician, with a thorough knowledge of the anatomical relations of the body, as well as of the sciagraphic technique. The sciagram carries much more weight when made by a professional man.

Philadelphia Polyclinic. — Dr. John H. Gibbon has been elected Professor of Surgery in succession to Dr. T. S. K. Morton, who had resigned, and was elected Emeritus Professor. Dr. Samuel McC. Hamill and Dr. James H. McKee have been elected Professors of the Diseases of Children.

Dr. Achilles Rose.—Dr. Achilles Rose has been elected by the faculty of the New York Post-graduate Medical School and Hospital to the post of Adjunct Professor of Medicine.

Professor Waldeyer Honored.—A dinner was given at the University Club Monday evening, October 28th, by the Medical Faculty of the University of Pennsylvania, in honor of Dr. William H. G. Waldeyer, Professor of Anatomy and Director of the Anatomical Institute in the University of Berlin, who recently received the degree of LL.D. at the Yale bicentennial.

Prof. William H. Welch.—At the recent bicentennial celebration of Yale University the oration in the department of medicine was delivered by Prof. William H. Welch, of Johns Hopkins University.

The Early Diagnosis of Addison's Disease.—Among the most curious of diagnostic procedures, we venture to say, is one

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described at a recent meeting of the Hospital Medical Society, of Paris, by Jacquet and Trémolières. In a tuberculous subject these gentlemen have been able to produce bronzing of the skin at will by somewhat prolonged applications of linseed-meal poultices, either plain or slightly sinapized. They suggest that by this means one may make a diagnosis of Addison's disease before melanoderma has taken place. On the two heels of their subject they produced bronzing of the same degree, although one leg had been exsanguinated with an Esmarch bandage, and this fact, they deduce, makes in favor of the autochthonous production of the cutaneous pigment in the Malpighian layer. — New York Medical Journal.

International Monthly. — The contributions to the International Monthly for November treat of a wide range of subjects. Prof. Léon Marillier, in an essay on "Ernest Renan and the Soul of the Celt," performs a valuable service in that he offers a thoroughly sympathetic study of the great writer who, in such wide circles, is still known chiefly through the medium of an acrid theological controversy. Prof. Hugo Münsterberg, in the conclusion of his "American Democracy," removes all doubt, if any ever existed, as to his thorough appreciation of our institutions; nor does he fail to discover, in spite of all external differences, a deep inner harmony between Germans and Americans. Salvatore Cortesi offers a brilliant characterization of Francesco Crispi which will come as a revelation to many to whom the wonderful Italian was little more than a name.

Prof. N. S. Shaler discusses the "Future of the Gold-supply"; Mr. Frank K. Foster "Strikes and the Philosophy of the Strikers"; and Prof. Jeremiah W. Jenks writes of "Industrial Combinations in Europe," with the mastery that comes from his profound and accurate knowledge of the subject. Prof. Dana Carleton Munro, in a charming study of "Christian and Infidel in the Holy Land," puts a fascinating theme in an entirely new light.

Dr. T. Gaillard Thomas.—A dinner was recently given in New York to Dr. T. Gaillard Thomas in celebration of his seventieth birthday.

Coincidence of Pregnancy and Purpura. —Loebell had recently an opportunity to study the complication of purpura with pregnancy. Previous opinions as to this coincidence have differed widely. Philipps, for example, sees in the purpura of pregnancy a harbinger of death of the fœtus and even of the mother through post-partum hæmorrhage. But Schauta maintains, on the other hand, that the hæmorrhagic diathesis exerts no influence on pregnancy.

The patient in question was 30 years of age, the mother of two children. She had already suffered from menorrhagia, for which no adequate cause could be found and which had brought about anæmia. Pregnancy appeared to interrupt this state of affairs, and the patient was then ordered especially to avoid physical exertion, which order she violated by taking a long bicycle-ride. Uterine hæmorrhage promptly reappeared, and rest in bed was ordered. The patient continued to disregard the orders of her physician, and in addition to the metrorrhagia, which was persistent, symptoms of a general affection became apparent. There were pains in the joints of the lower extremities, epistaxis, blood-tinged saliva, and, finally, purpuric spots and ecchymoses. Abortion set in on the fourth day of the general disturbance. The purpuric phenomenon disappeared after a short course of moor-baths.— American Practitioner and News.

Dr. L. Duncan Bulkley.—Dr. Bulkley, of New York, announces his removal to 531 Madison Avenue.

St. Mary's Hospital, Cincinnati.—At the October meeting of the staff of St. Mary's Hospital Dr. Thomas Hays was elected to fill the vacancy occasioned by the death of

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Dr. T. P. White; Dr. H. Freudenberger was elected to the position of pathologist.

Visceral Hysteria and Hysterical Hyperpyrexia.—Galletta Vircenzo describes the case of a woman who at the age of 15 years suffered from the vomiting of blood; at 25 had nephrorrhagia, which subsequently recurred at intervals, and was accompanied by spontaneous ecchymoses, increased flow of blood-tinged saliva, and dysmenorrhœa. No organic condition could be found to account for these symptoms; but as the patient was markedly hysterical, and had the various hysterical stigmata, the author ascribes the condition to hysteria. The patient's father and uncle died of cerebral hæmorrhage, an aunt of cerebral thrombosis, and a sister and two nieces suffered from cutaneous hæmorrhages. The writer believes that the vascular system of the family was defective, and that the neurosis chose it for its manifestations, as the seat of least resistance. Hyperpyrexia was also present, which the writer believes to have been of hysterical origin. Without the closest attention and the constant recollection of the symptoms that may be due to hysteria, physicians are liable to make a diagnosis of gastric ulcer, pulmonary phthisis, acute peritonitis, hepatic colic, and even appendicitis, to the injury of the patient and of the reputation of the practitioner.—Medical Record.

The Prognosis of Traumatic Hysteria Based upon the Subsequent Histories of a Number of Ligated Cases.—Pearce Bailey, of New York, gives in brief the histories of nine cases of traumatic hysteria, whose subsequent career he had an opportunity of following, and was thus enabled to arrive at certain conclusions, which possessed more than a theoretical value. The most important material manifestations which hysteria causes are paralysis, and defects in the special sense apparatuses of sight, taste, smell, hearing, and common sensibility; so that the patient may seem, and believe himself to be, paralyzed, or blind, or deaf, or deprived of the use of the other special senses. From the cases which are cited, it is evident that the same uncertainty regarding prognosis which characterizes all mental affections is to be found in traumatic hysteria. Among the indications which enable one to predict the future possibilities in these cases are mentioned heredity, age of the patient, previous condition of health, and pre-existing chronic diseases. In traumatic hysteria, as in all nervous and mental diseases, bad heredity throws an ominous shadow on prognosis, but in a very large proportion of cases of traumatic hysteria no predisposition to nervous or mental disease is to be discovered. With reference to age, the older the patient, the greater is the danger that the symptoms will be permanent. In young children the physical symptoms of hysteria almost invariably pass away in a few weeks. Pre-existing chronic diseases make it more difficult to throw off hysteria, while in the healthy and well-nourished there is naturally more hope that the psychosis will be temporary. The author believes that it is practically impossible for anyone to get well as long as money questions are at stake, and the longer such questions are undecided the more the symptoms tend to permanency, and the less probable it becomes that they will ever disappear.—St. Louis Medical Review.

A Dinner to Professor Hartman, of Paris.—Dr. Ernest Laplace, Professor of Surgery in the Medico-Chirurgical College of Philadelphia, gave a dinner of twenty-six covers at the Art Club to Dr. Henri Hartman, Professor of Surgery in Paris, to give him an opportunity to meet the surgeons of Philadelphia.

Obituary.—Dr. Charles E. Stoner died at his home in Des Moines, October 25th, from typhoid fever at the age of 43. He was Professor of the Principles of Surgery in the Iowa College of Physicians and Surgeons, and a member of the American Medical Association.

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Hæmorrhagic Myositis in Typhoid Fever.—At the Pathological Society Dr. F. W. Andrews described a case of this rare complication. A young man who suffered from double chronic otorrhœa died in a relapse, on the fifty-second day, of typhoid fever. A day or two before death he complained of pain when turned over. A swelling was discovered in the left thigh and diagnosed as hæmorrhagic. At the necropsy the vastus externus muscle was found to be the seat of hæmorrhage. Many fibers showed Zenker's degeneration and large numbers of streptococcus pyogenes. The infection was thought to be the cause of the hæmorrhage.—London Letter to the Journal of the American Medical Association.

Communicability of Cancer.—Behla presents a series of cases of *cancer à deux*: *i.e.*, instances in which persons living in intimate contact with each other, but not related, died of cancer one after the other. He speaks of these cases quite freely as instances of infection of one person from another, and insists that there is perfectly satisfactory evidence that cancer is contagious in a limited degree, somewhat as leprosy is. He believes that there should be regulations to prevent the spread of cancer through direct contagion or fomites, and pleads for a special German institution for the study of cancer.—Philadelphia Medical Journal.

The South Branch of the Philadelphia County Medical Society.—On Friday evening, October 25th, a southern branch of the County Medical Society was organized at Broad and Federal Streets. Dr. W. S. Higsbee was elected chairman, and Dr. C. J. Hoban, clerk, for the ensuing year.

A Bullet Buried in the Base of the Brain Without any Symptom of Cerebral Disturbance.—Dr. H. T. Clough, of Bangor, Me., communicates the following history to the Journal of Medicine and Science:—

"The remarkable degree of tolerance to injury and foreign body which the brain sometimes shows is illustrated in the following case:—

"In April last Mr. T. was adjusting the sight upon a small, 22-caliber pistol. The weapon was loaded with a bulleted cap instead of an ordinary cartridge: a fact to which Mr. T. probably owes his life. While holding the muzzle pointed toward his right eye and sighting along the barrel, he touched the trigger, not knowing that the pistol was loaded and cocked. In a moment he realized that something had happened. The bullet entered just below the right eye, grazed the lower part of the eyeball, turned upward behind the eyeball, penetrated the roof of the orbit, then (again changing its course) passed across and downward, lodging in the lower part of the left temporo-sphenoidal lobe, apparently near the point where the fifth nerve emerges.

"The only symptom of cerebral disturbance at any time following the accident was a severe headache immediately afterward. This had wholly disappeared by the following morning, and there was little suspicion that the missile had penetrated beyond the bony orbit until the use of the x-ray revealed its presence at the point above described.

"A hæmorrhage into the retina at the point where the bullet grazed the tunics damaged the field of vision correspondingly, and in its passage upward behind the eye the superior rectus muscle or its nerve-supply was injured, so that upward motion of the eye was impaired, but the injury was not sufficient to cause diplopia in ordinary movement of the eyes, or give them an unusual expression.

"An examination of the head in the region which marks the course of the bullet would make it appear almost incredible that a foreign body could pass through so much brain-tissue, among so many delicate structures, without producing serious, if not fatal, disturbance.

"On account of this entire absence of

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symptoms, no attempt was made to remove the bullet. The patient remains to-day, with the exception of the injury to the right eye, as well as before he began to harbor a bullet in the base of his brain.

"This accident also illustrates what downright carelessness often attends the handling of fire-arms."

Carcinoma and Malaria. — The idea of the incompatibility of certain diseases is one that has been held from the earliest periods of medical science. Hippocrates, for instance, taught that persons who suffered from quartan fevers were not liable to be attacked by epilepsy, and it has long been supposed that carcinoma and tuberculosis were to some extent mutually antagonistic. In the course of an investigation into the history of malaria, Professor Loeffler has come upon a remarkable statement in a work on intermittent fevers by Trnka de Krzowitz published in 1775. The author, who was Professor of Anatomy at the University of Tyrnava, in Hungary, states that a woman underwent amputation of the left breast for a scirrhous cancer, which subsequently affected the right breast, and was treated with mercury externally as well as internally. The treatment proved useless, but the tumor disappeared when the patient contracted a double tertian fever. Professor Loeffler sees no reason to doubt the accuracy of Trnka's observation, and is of opinion that the experiment of inoculating some one who is suffering from carcinoma with a mild form of malaria is well worth trying. He points out that inoculation through the agency of mosquitoes is easy, and that the subsequent cure of the fever is also simple. He is supported in the idea that there may be some antagonism between the diseases by the experience of Dr. Pagel, who resided for nearly ten years in North Borneo, and who does not remember to have seen a single case of carcinoma there. The whole matter requires investigation, and Professor Loeffler appeals to medical men in the tropics to record their experiences as to the spread of carcinoma in malarious districts in order that as much light as possible may be thrown on an interesting question.—Lancet.

Mercer Hospital, Trenton, N. J. — The Board of Managers of the hospital has appointed the following staff: Consulting surgeons, Drs. Samuel W. Latta and Thomas H. Mackenzie; consulting physicians, Drs. William Elmer and Cornelius Shepherd; gynæcologist, Dr. Joseph B. Shaw; pathologist, Dr. Irenæus M. Shepherd; attending surgeons, Drs. John Bruyere, Nelson B. Oliphant, John S. Jamison, and William McD. Struble; attending physicians, Drs. Irenæus M. Shepherd, William A. Clark, Charles J. Craythorne, and Charles F. Adams; medical director, Dr. William Elmer; resident physician, Dr. Frank Harris; registrar, Dr. George H. Parker.

The Baly Gold Medal.—The Baly Gold Medal, which is presented every alternate year by the Royal College of Physicians of London for special distinction in the science of physiology, has been this year awarded to Dr. F. W. Pavy, F.R.C.P., F.R.S., consulting physician to Guy's Hospital.

Dr. D. Bryson Delavan.—Dr. D. Bryson Delavan has been appointed consulting surgeon in the department of laryngology of St. Luke's Hospital, in place of Dr. George M. Lefferts, resigned.

A Veteran Writer. — Mrs. Elizabeth Wormeley Latimer, whose remarkable series of books on France, Spain, Italy, etc., in the Nineteenth Century is well known, is contemplating a decided departure from the chosen field which has brought her such distinction. Her publishers, A. C. McClurg & Co., announce for early publication "Prince Incognito," an historical novel, and the departure is the more remarkable considering Mrs. Latimer's advanced age of ninety years.

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Inguinal Adenopathy and Visceral Cancers.—Viannay has recently observed several cases of inguinal adenopathy accompanying visceral cancers variously situated. He has seen enlargement of the inguinal glands in cases of cancer involving the viscera of the pelvic, abdominal, and even the thoracic cavity. Thus, among the sites of the primary growth were the bladder, uterus, rectum, colon, stomach, small and large intestine, liver, pancreas, lung, and œsophagus. Three different forms of adenopathy were found: (1) inflammatory or fibrous enlargement; (2) true cancerous; and (3) inflammatory from secondary infection, with ulceration of the primary tumor. The glandular enlargement may be caused in three ways: (*a*) Primary direct involvement; the uterus is the only viscus which sends lymphatics direct to the glands of the groin. (*b*) Secondary direct invasion; cancers of the abdomen which involve the peritoneum, and cancers of the bladder or prostate involving the ureter may invade the lymphatics running to the inguinal glands. (*c*) Retrograde invasion. This may be caused by cancerous lymphangitis, or by a true cancerous thrombosis proliferating in a direction opposite to that of the normal lymph-flow, or possibly, according to Waldeyer, by amœboid movements of the neoplastic cells in the lymphatics. Inguinal adenopathy is not infrequently an early sign of visceral cancer, and may, indeed, appear before any other symptom. The hardness and indolence of the enlargement, and the unilateral position, are usually signs definite enough for diagnosis. Viannay agrees with Jaccoud in thinking that enlargement of the inguinal glands is a more frequent and important sign than the subclavicular enlargement upon which Troisier has laid stress.—British Medical Journal.

Associated Physicians of Long Island.—The eleventh annual meeting of this society was held at Garden City. The following officers were elected: President, Dr. William B. Gibson, of Huntington. Vice-presidents, Drs. Calvin F. Barber, of Brooklyn; James S. Cooley, of Glen Cove; and W. H. Ross, of Brentwood. Secretary, Dr. James Cole Hancock, of Brooklyn. Treasurer, Dr. John P. Heyen, of Northport. Board of Directors, Drs. James M. Winfield, William B. Gibson, Calvin F. Barber, James Cole Hancock, and John P. Heyen.

Pruritus Senilis Linguæ.—E. Baumgarten describes a rare neurosis of the tongue under the name of "senile pruritus," which occasionally comes under the notice of the general practitioner or specialist. Among 9000 out-patients who have been treated by him during the past three years, he has only seen 2 cases. He points out that the diagnosis must depend upon entire absence of all local tongue lesions (and, to be less liable to err in overlooking slight changes, he advises examining the organ in sunlight with a lens as well as with reflected lamplight), and must be differentiated from pure neuralgias, paræsthesia, and hyperæsthesia, and allied conditions dependent on general nerve diseases. He lays great stress on the diagnosis of changes in the tongue affecting the sensibility, which are due to causes in remote organs; for example, stomach, bowels, kidneys, circulation, and uterus. Again, care must be taken to distinguish the disease from those symptoms which herald a local lesion, and exemplifies the need of such care by quoting cases of pemphigus of the tongue. Senile pruritus of the tongue is an entirely incurable disease, but the symptoms—intolerable itching and slight pain—may disappear to a great extent when senile skin pruritus develops on another part of the body. He advises that all cases should be kept under observation for some time, and many local treatments be tried before the diagnosis is definitely made. He adds a short account of the differential diagnosis of the conditions likely to be confused with this disease.—British Medical Journal.

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Dr. Paul F. Munde.—Dr. Paul F. Mundé, of New York City, who has been for many years Professor of Gynæcology at Dartmouth Medical College, has resigned, and has been elected Professor Emeritus of Gynæcology.

Book Reviews.

An International System of Electro-therapeutics. For Students, General Practitioners, and Specialists. By Numerous Associated Authors. Edited by Horatio R. Bigelow, M.D., Permanent Member of the American Medical Association; Fellow of the British Gynæcological Society and of the American Electro-therapeutic Association; Member of the Philadelphia Obstetrical Society, of the Société Française d'Electro-thérapie, and of the Anthropological and Biological Societies of Washington, D. C.; Author of "Gynæcological Electro-therapeutics" and "Familiar Talks on Electricity and Batteries." Second Edition. Revised and Brought up to Date, with Several New Departments embodying the Most Recent Developments of the Science. Edited by G. Betton Massey, M.D., Ex-president and Fellow of the American Electro-therapeutic Association, Member of the American Medical Association, Author of "Conservative Gynecology and Electro-therapeutics," etc. Thoroughly Illustrated. Royal Octavo. Pages x-1147. Prices, net. Extra Cloth, $6.00; Sheep, $7.00; Half-russia, $7.50. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

This admirable and instructive treatise is the result of the collaboration of many writers. It embodies the experience and the teachings of specialists who have devoted years of study and practice to the application of electricity to human ailments. It constitutes a noble work of reference for students, as, by reason of this division of labor, the different fields to which electro-therapeutics is applicable can be thoroughly surveyed. An introductory section gives us an interesting historical sketch of the rise of electricity, by Dr. J. Mount Bleyer, of New York; and a paper on the necessity for special education in electro-therapeutics, by Dr. William J. Herdman, of Ann Arbor. The bulk of the book is divided into a number of sections, which treat, respectively, of electrophysics and electrophysiology; gynæcology and obstetrics; the influence of electricity in diseases of the nervous system, in disorders of the abdominal and thoracic viscera, in diseases of childhood, and electrosurgery. Within these subdivisions we find contributions by authors eminently qualified to write of their subjects. In all instances the text of the original issue has been revised in order to include the more recent acquisitions to knowledge and to represent the exact condition to-day of this important method of treatment. All physicians should conscientiously study the potentialities of electricity. They would speedily find themselves deeply impressed by its power and would realize that they had gained the assistance of a force which is often of more efficacy than drugs.

In the present edition four new articles appear: upon the galvanic current, the electrical treatment of aneurisms, the Roentgen rays, and the treatment of cancer by the cataphoresis of mercury. No more competent editor could have been selected than Dr. Massey.

A Treatise on the Acute, Infectious Exanthemata. Including Variola, Rubeola, Scarlatina, Rubella, Varicella, and Vaccinia, with Especial Reference to Diagnosis and Treatment. By William Thomas Corlett, M.D., L.R.C.P.Lond., Professor of Dermatology and Syphilology in Western Reserve University; Physician for Diseases of the Skin to Lakeside Hospital; Consulting Dermatologist to Charity Hospital, St.

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Alexis Hospital, and the City Hospital, Cleveland; Member of the American Dermatological Association and the Dermatological Society of Great Britain and Ireland. Illustrated by 12 Colored Plates, 28 Half-tone Plates from Life, and 2 Engravings. Pages viii-392. Sold only by Subscription. Price, Extra Cloth, $4.00, net, Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

Dr. Corlett has produced a valuable work which comes at a most opportune time. The book should be welcomed, above all, by the younger men in the profession. There is scarcely any line of medical practice which demands more caution than the eruptive fevers. They propagate themselves with such rapidity, their menace to life is often so serious, their consequences are frequently so disastrous, and diagnostic errors are so injurious to the physician that we should hold ourselves peculiarly on the alert in order to avoid lamentable errors. These reasons apply with special force to small-pox.

The author tells us that his work was prompted by his own early experience. He has presented us with excellent descriptions of the symptoms of the exanthemata, their mode of origin, and the various ways in which they may be communicated. The distinctive feature of the book, however, is the stress laid upon diagnosis. So much depends upon timely segregation, particularly in scarlet fever and small-pox, that the practitioner should familiarize himself with every point which may assist him to recognize these diseases at the earliest possible moment and to foresee or suspect their approach prior to the occurrence of the eruption. In reference to such matters the reader will find this book a most excellent and faithful guide. The sections upon treatment have been most carefully prepared. The beautiful and life-like plates by which the work is adorned add much to its value.

A Manual of the Practice of Medicine. By George Roe Lockwood, M.D., Professor of Practice in the Woman's Medical College of the New York Infirmary. Second Edition, Revised and Enlarged. Octavo Volume of 847 pages, with 79 Illustrations and 20 Full-Page Plates. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $4.00, net.

Dr. Lockwood's work met with deserved success. In arranging a second edition he has introduced such additional material as has been made necessary by the advances of the last few years. This revision has involved reconstruction of the chapter on malaria, with considerable alteration in those upon affections of the stomach and bowels. A new section has been added upon the bubonic plague.

The author's style is clear. He portrays with skill the salient features of disease, points out the means by which they are to be recognized and differentiated, indicates their origin, and describes the methods by which they are to be combated. The artistic plates and useful charts which accompany the text will be universally appreciated.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia, etc. Assisted by H. R. M. Landis, M.D., Assistant Physician to the Out-Patient Medical Department of the Jefferson Medical College Hospital. Volume iii. September, 1901. Diseases of the Thorax and its Viscera, including the Heart, Lungs, and Blood-vessels — Dermatology and Syphilis—Diseases of the Nervous System—Obstetrics. Lea Brothers & Co., Philadelphia and New York, 1901.

With the general scope and purpose of this publication our readers are already

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well acquainted. In the present volume Dr. William Ewart has gathered together everything of value recently written on the heart, lungs, and blood-vessels. Dr. William S. Gottheil superintends the work of collecting new material regarding skin and venereal diseases. Dr. William G. Spiller brings to our notice the latest information concerning diseases of the nervous system. Dr. Richard C. Norris records advances made in obstetrics. The names of the authors guarantee competent work.

The successive numbers of this serial are of conspicuous advantage to the physician, inasmuch as they give him the gist of the world's medical literature, condensed by writers, each of whom is familiar with his special subject.

Dose-book and Manual of Prescription-writing. With a List of the Official Drugs and Preparations and Many of the Newer Remedies, with their Doses. By E. Q. Thornton, M.D., Ph.G., Demonstrator of Therapeutics in the Jefferson Medical College of Philadelphia. Second Edition, Revised and Enlarged. Philadelphia and London: W. B. Saunders & Co., 1901. Price, $2.00, net.

The primary essential of effective prescription-writing is a knowledge of the drugs; their preparations and scientific titles; their doses, properties, actions, and incompatibilities. Upon this basis depends the art of arranging and combining remedies in the form according to which they can be most satisfactorily dispensed. All such information is contained in the volume before us, and it is undoubtedly an excellent specimen of its class. There is reason to believe that of late years there has been some decline in the ability to write correct and serviceable prescriptions. This work is well fitted to overcome such deficiency.

International Directory of Laryngologists and Otologists. Containing Names and Addresses of Practitioners Engaged in the Study and Practice of Laryngology and Otology. Compiled by Richard Lake, F.R.C.S.Eng. Published under the Auspices of the Journal of Laryngology, Rhinology, and Otology. Second Edition, Revised and Enlarged. London: Rebman, Limited, 1901. Price, 5 shillings, net.

This book contains a list, as far as can be obtained, of practitioners in all parts of the civilized world devoting themselves to the specialties named. The advantages of such a compilation are obvious, and the thanks of laryngologists and otologists are certainly due to the compilers of this volume, which must have demanded much time and care in its preparation.

The Physician's Visiting-list (Lindsay and Blakiston) for 1902. Fifty-first Year of its Publication. Philadelphia: P. Blakiston's Son & Co.

This list has been a valued companion to two generations. Its arrangement continues to be that which has been found so satisfactory for a book of first entry. It contains also space for miscellaneous records, a number of useful tables, with a complete list of preparations and doses.

The Diagnosis of Nervous and Mental Diseases. By Howell T. Pershing, M.Sc., M.D., Professor of Nervous and Mental Diseases in the University of Denver, etc. Illustrated. Philadelphia: P. Blakiston's Son & Co., 1901.

This is a small work intended to be an introduction to larger treatises and a sort of clue to their contents, or as a guide to the manner of acquiring a knowledge of diseases of the nervous system. Its object, in fact, is chiefly concerned with diagnosis. The author has applied to neurology the method used in botany and geology for the identification of specimens, and in this way has produced an outline-map of the field. The idea is good, and the resulting volume will be of service to the student.

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Atlas and Epitome of Special Pathologic Histology. By Docent Dr. Hermann Dürck, of the Pathologic Institute of Munich. Edited by Ludvig Hektoen, M.D., Professor of Pathology in Rush Medical College, Chicago. Volume ii. Liver; Urinary Organs; Sexual Organs; Nervous System; Skin; Muscles; Bones. With 123 Colored Illustrations on 60 Lithographic Plates and 192 pages of Text. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $3.00, net.

The present is a second volume, unavoidably delayed, completing special pathological histology. A third, which is expected to be issued soon, will be devoted to the general aspects of the subject. The second volume is executed with the same careful and scientific scholarship which was so evident in its predecessor. A valuable feature of the work is the special stress which is laid upon the logical connection between the microscopical and macroscopical changes of diseased organs. The book can be safely recommended as an excellent, concise exposition of its subject. Its beautiful plates are a graphic assistance to the text.

Diseases of the Intestines. Their Special Pathology, Diagnosis, and Treatment. With Sections on Anatomy and Physiology; Microscopic and Chemic Examination of the Intestinal Contents, Secretions, Fæces, and Urine; Intestinal Bacteria and Parasites; Surgery of the Intestines; Dietetics; Diseases of the Rectum, etc. By John C. Hemmeter, M.D., Ph.D., Professor in the Medical Department of the University of Maryland, Consultant to the University and Director of the Clinical Laboratory, etc. In Two Volumes. Volume i. Anatomy, Physiology, Intestinal Bacteria, Methods of Diagnosis, Therapy and Materia Medica of Intestinal Diseases, Diarrhœa, Constipation, Enteralgia and Enterodynia, Meteorism, Dystrypsia, Enteritis, Colitis, Dysentery, Intestinal Ulcers, Intestinal Neoplasms, etc. With Many Original Illustrations, some of which are in Colors. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, 1901. Octavo, 740 Pages. Price, $5.00 per volume.

In this work we have the first installment of the continuation of the author's studies of diseases of the digestive tract. To the original scientific and clinical investigations of the author is due much progress in our knowledge of these affections. Themselves largely the effects of improper dietetic habits, they, in turn, serve as the starting-point of toxæmia and remote organic disease. They are frequently encountered by the practitioner in his daily work. It is, therefore, incumbent upon us all to keep ourselves informed as to the advances made in regard to this class of maladies.

The work is divided into three parts. The first relates to the anatomy, physiology, and pathology of the intestines. The second division is devoted to diet, the therapy and materia medica of intestinal diseases. The third portion consists of the intestinal clinic: that is, the description of diseases which involve this portion of the economy.

The most important chapters of the first part are those which concern the bacteriology of the bowel and the most recent and improved diagnostic methods. There are many varieties of parasites, including protozoa, which inhabit the intestinal canal. These, their properties, the methods of culture and recognition are described *seriatim* in accordance with the present state of knowledge. The difficulties of study are such, however, that a great deal of systematic and comparative work needs yet to be performed. The methods of examining the fæces and the lessons to be drawn from that study are fully described. Microscopical scrutiny of the fæces is of the utmost importance, bearing the same relation to intestinal disorders as examina-

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tion of the urine and sputum, respectively, to diseases of the genito-urinary and broncho-pulmonary systems. Many advances have been made in the technique of this subject.

In the second part the author studies the influence of various food-classes upon metabolism and the principles of dietetic treatment. Upon these topics he justly lays great stress. His consideration of the more important medicinal agents is full of suggestion. The third part portrays special affections, and indicates their individual treatment according to the principles already formulated in preceding pages.

In conclusion, it may be truthfully said that this volume is a most excellent and instructive treatise, original in conception and execution. We can, therefore, confidently recommend it to our readers.

A Text-book of Pharmacology. Including Therapeutics, Materia Medica, Pharmacy, Prescription-writing, Toxicology, etc. By Torald Sollmann, M.D., Assistant Professor of Pharmacology and Materia Medica in Western Reserve University, Cleveland, Ohio. Royal Octavo Volume of 880 pages, fully Illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $3.75, net.

This is a work executed in the modern spirit. The systematic and experimental study of drugs has become an integral part of scientific medicine. Upon the physiological properties of our remedial agents we base their therapeutical application. By these laborious investigations, prosecuted in various laboratories and by different observers, and applied by therapeutists in their practical work, the art of healing has risen from empiricism to the rank of applied science. Our author, by a diligent study of these researches, has prepared an excellent text-book, which presents its subject in a clear and satisfactory manner. The work includes valuable information relative to preparation and prescription of medicines, toxicological analyses, practical exercises in chemical work and experimental pharmacology, etc.

Libertinism and Marriage. By Dr. Louis Jullien (Paris), Surgeon of Saint-Lazare Prison; Laureate of the Institute, of the Academy of Medicine, and of the Faculty of Medicine of Paris. Translated by R. B. Douglas. Pages v-169. Extra Cloth, $1.00, net, Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

The occurrence of venereal disease often brings before the physician other problems than those relating to its nature, origin, and treatment. How is one, without violation of professional reserve, to mediate between man and wife in suspected cases? How is the physician to avoid being led into traps? What is his duty in regard to the marriage of a couple, one of whom is infected? These are the important questions which press upon us every day and which are discussed in the present volume with admirable discretion. Other related matters are dealt with in the same spirit of frankness.

It is obvious that, in all such cases, the value of advice must depend upon the accuracy of the diagnosis, and this matter, accordingly, receives due attention. The acquisition of disease just before marriage is sufficiently common, however reprehensible, and upon this phase the counsels of Dr. Jullien furnish us with a safe guide. The book is enriched by the recital of many apposite illustrations of the difficulties encountered by the conscientious medical adviser and the manner in which they are to be confronted.

Webster's International Dictionary of the English Language. Being an Authentic Edition of Webster's Unabridged Dictionary, Comprising the Issues of 1879 and 1884 Thoroughly Revised and much Enlarged under the Supervision of Noah Porter, D.D., LL.D., with a Voluminous

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Appendix, to which is now added a Supplement of 25,000 words and phrases. W. T. Harris, Ph.D., LL.D., Editor-in-Chief. Springfield, Mass., Published by G. and C. Merriam Company, 1901.

The fame of "Webster's Dictionary" has long been unsurpassed. The original issue was so thoroughly and so competently executed that it immediately assumed a commanding position in the world of letters. That position has ever since been maintained. Successive editions have been based upon the same familiar plan. Language is the living instrument of thought. As such it grows, and new additions to our vocabulary need authentic record. Definition is confessedly a difficult task, and the distinction between synonyms is one that requires a fine appreciation of the resources of our mother-tongue. These primary essentials of an authoritative lexicon have always been a distinctive feature of this work, which is, in more senses than one, monumental. As regards the roots of our words, much wider and more exact knowledge has been gained since the original issue by the labors of many distinguished scholars, and, above all, by the revelations of comparative philology. This broadened knowledge has been incorporated in successive editions in so far as it comes within the scope of a dictionary. The illustrations from literature of the use of words are well chosen and are often suggestive.

The progress of time has necessitated the addition of a supplement, which is, in itself, no inconsiderable task. The enlargement of the boundaries of human learning has necessitated the coining of many new terms in order to express new conceptions. Phrases of speech have also developed, and these are duly recorded in this remarkable volume. Thus "Webster's Unabridged Dictionary," with which we became acquainted in the days of our pupilage, has grown as we have grown, and still, as in years that have fled, we can all turn to its pages with confidence. Thus, as we speak of living words, we can with no great stretch of the imagination welcome the friend of generations of students as a living book. Its position is secure and assured.

This work contains a mass of valuable information in addition to its definition of words belonging to the English language. It is illustrated by numerous plates, and, in fine, the ancient jest of the man who read the dictionary for pleasure is not so far strained when we view the pages of the present edition.

The Medical News Visiting-list, 1902. Thirty Patients per Week. Philadelphia and New York: Lea Brothers & Co., 1901.

All practitioners need a book of this kind in order to keep daily track of their work. This book is arranged in such a convenient manner that it may serve as a *vade mecum*. The latter part contains pages for the record of obstetrical and other engagements, obstetrical practice, births, deaths, etc., ending with columns for a cash account. The first thirty-two pages are occupied by valuable tables for rapid reference. The book is issued in four styles, adapted to any system of records.

Index-Catalogue of the Library of the Surgeon-General's Office, United States Army. Authors and Subjects. Second Series, volume vi. G-Hernette. Washington: Government Printing-office, 1901.

This is a valuable compilation of vast scope. The library of the Surgeon-General's office is a noble collection of books. It is ever growing with the expansion of medical literature and medical publications. The index-catalogue is of immense assistance as a guide to the student in following the track of investigation and clinical experience. We are all debtors to the government for this most complete and serviceable work.

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COMMERCIAL NEWS.

NEW TREATMENT OF LEUCORRHŒA, AND OF GONORRHŒAL VAGINITIS.

By Dr. Ch. Chapelle,

Licencié des Sciences Physiques, Ancien Interne des Hôpitaux, Médaillé de l'Assistance Publique,

PARIS.

Yeast in the treatment of chronic leucorrhœa and vaginitis due to gonorrhœal infection has recently been tried with considerable success. Dr. Landau, of Berlin, was the first to apply it locally by injection for troublesome vaginal secretions, and found that small quantities produced a rapid and complete arrest of the discharge, after a few weeks.

Murer, in France, has used it in the same manner in gonorrhœal discharges from the vagina, and found yeast most effective in suppressing inflammation of the mucous membranes, which regained their normal color rapidly. In the gonorrhœa of men, however, it was not uniformly successful. In leucorrhœa and gonorrhœal vaginitis there occurs a substitution of a morbid fermentation for a non-dangerous yeast-fermentation, for the yeast-cells (*Saccharomyces cerevisiæ*) appear to devour the morbid germs that set up inflammatory conditions.

Backer, who has made a study of the various ferments, is of the opinion that the natural toxins, however altered, may in the treatment of disease be replaced with advantage by ferments in the living state. He considers good health to be one of normal fermentation, and bad health one of morbid fermentation.

Hence, pure ferments like yeast attract pathogenic germs, allow themselves to be penetrated by them, and, once enveloped, destroy them by a true phagocytosis. D'Arsonval and Charrin have also made a series of investigations on the reciprocal action of microbes on vegetable cellular tissues, and it would appear that, in the case of yeast, in its struggle with pathogenic germs it expends its energy as a ferment, acting consequently by reason of its phagocytic properties.

We see, therefore, why the treatment of leucorrhœa and other vaginal discharges with yeast is based on reasonable grounds, and it should, therefore, be tried in obstinate cases that do not yield to tonics and the usual local treatment.

The application of yeast in this connection is not convenient, owing to its keeping badly, its offensive smell, and the difficulty of obtaining fresh supplies, as well as its inconvenient frothy nature, which makes it difficult to be retained when injected. This, however, can be overcome by using the pure desiccated form, known as cerevisine, which may be exhibited in the form of a pessary of cacao-butter filled with cerevisine, and placed in position on going to bed, or a paste made up with glycerin of starch, and retained with a tampon of absorbent cotton, or again applied by dipping absorbent cotton in a thin paste of cerevisine and water. The quantity for application is not important, as it is perfectly harmless, but from 1 to 2 teaspoonfuls can usually be introduced and retained in the vagina during the night, which will give more cleanly and comfortable results than injections of brewers' yeast during the day.

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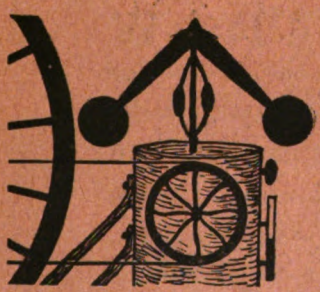

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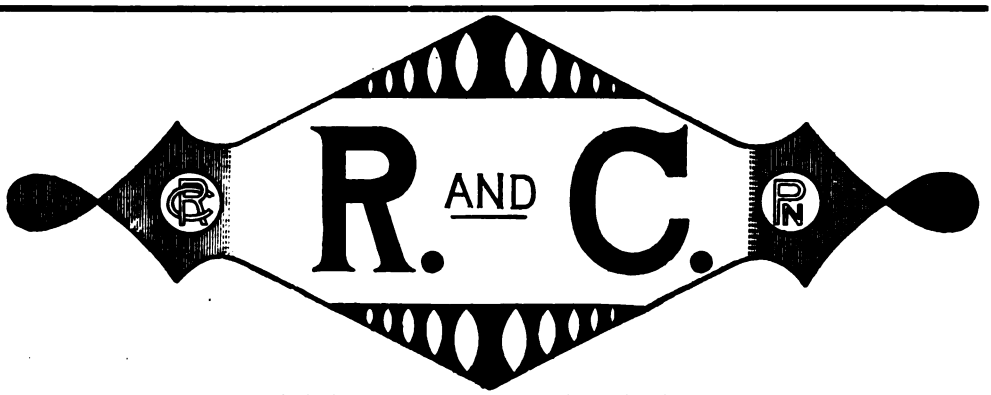

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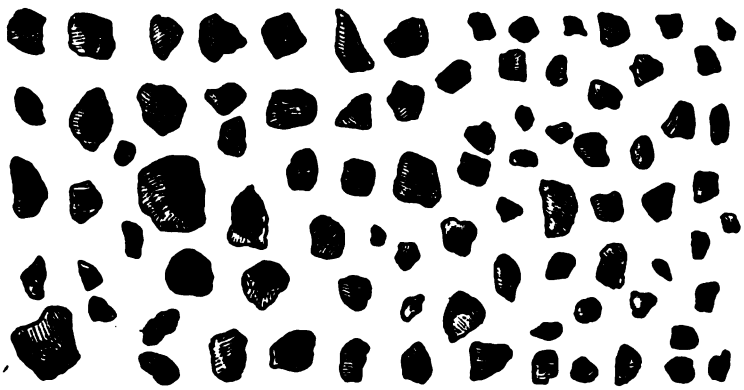
There is nothing in its analysis which would warrant such results; BUT THE RESULTS ARE THERE AND SEEING IS BELIEVING. I can only suppose that in NATURE'S ALEMBIC THERE HAS BEEN SOME SUBTLE SOLVENT EVOLVED, TOO SUBTLE TO BE CAUGHT BY OUR COARSE REAGENTS, WHICH MAKES THIS WONDERFUL DISINTEGRATION."



The above plate is from a photograph, and represents the exact size and shape of the Calculi referred to by Dr. Claiborne in the foregoing statement.

DR. E. C. LAIRD, *Resident Physician, Hot Springs, N. C., Formerly Resident Physician at Buffalo Lithia Springs:*

Under microscopic examination it was evident that the Calculi were originally parts of larger formations which had been disintegrated by the water.
In this plate the Calculi are magnified twice the original size.

"A patient with *strongly marked* URIC ACID DIATHESIS suffered frequent attacks of NEPHRITIC COLIC, and at the same time from a severe *Gouty* affection. Except as to the usual treatment for the relief of present paroxysms, I put him exclusively upon **BUFFALO LITHIA WATER**, Spring No. 2, which has been attended with happy and remarkable effect, both as to the CALCULOUS and GOUTY AFFECTION. Under its action he has, at various times, *discharged large quantities of Calculi and Sand.* At one time he passed SIXTY-EIGHT CALCULI IN ONE DAY, following an attack of NEPHRITIC COLIC.

"The deposition of fine sand not infrequently *exceeded a* TEASPOONFUL. The following cut represents BUT A SMALL PORTION OF THIS CALCULOUS MATTER.

"Under microscopic exam nation it was evident that the *Calculi were originally parts of larger formations which had been disintegrated by the water.*

"I will add that in diseases generally of URIC ACID DIATHESIS, embracing RENAL CALCULI, STONE IN THE BLADDER, GOUT, RHEUMATISM, BRIGHT'S DISEASE OF THE KIDNEYS, etc., I know of NO REMEDY AT ALL COMPARABLE TO **BUFFALO LITHIA WATER.**"

DR. THOMAS P. MATHEWS, *of Manchester, Va., Member of the Board of Visitors, Medical College of Virginia:*

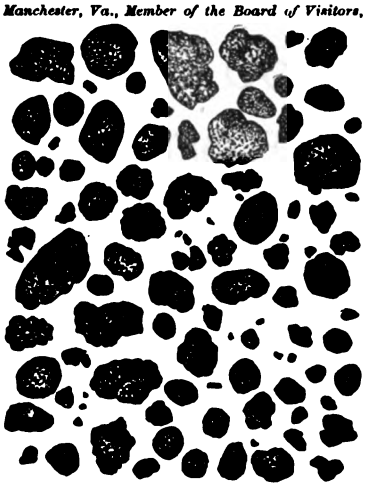
"I am satisfied from my own use and from results in many cases in my practice that

Buffalo Lithia Water

is a wonderfully potent remedy in URIC ACID DIATHESIS and in GOUTY RHEUMATIC CONDITIONS. It has POWERFUL EFFECT IN THE DISINTEGRATION AND REMOVAL OF RENAL CALCULI. I send you a sample of RENAL CALCULI passed by myself during and after the use of

Buffalo Lithia Water

No. 2, the most of these passed in August and September, 1898. After two months' use of the water I had no further trouble of this sort until June, 1900, when I again visited the Springs and under the use of the water passed the smaller specimens. I notice THAT, AFTER DRINKING THE WATER AWHILE, THE CALCULI ARE BROKEN UP AND PASS VERY SMALL AND AS SAND. I have also had VERY FINE RESULTS FROM THIS WATER IN SOME SEVERE CASES OF ALBUMINURIA IN BRIGHT'S DISEASE AND THE ALBUMINURIA OF PREGNANCY."



The above cut shows the Calculi referred to by Dr. Mathews. Magnified 1.4 diameters.

Water for Sale by Druggists Generally. Pamphlet sent on Application.

THOS. F. GOODE, Proprietor, BUFFALO LITHIA SPRINGS, Virginia.

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Clipping from
American Medicine
Aug. 31st 1901
P. 349

...were no unpleasant sequels, except slight headache. [H.H.C.]

4.—White, in his article on the **physiologic action of petroleum**, gives the following summary: It is (1) inhibitory to the growth of putrefactive and pathogenic bacteria, such as are met in the alimentary canal, while it does not inhibit or interfere with peptic or pancreatic digestion; (2) and therefore is an agent for relieving flatulence by preventing fermentation; in fact it acts the part of an internal antiseptic; (3) by its action in stimulating peristalsis, increasing diffusibility of intestinal contents, it not only increases nutrition and weight, but helps the natural movement of the bowels, by its lubricating power relieves constipation, and favors the elimination of noxious and toxic products from the system. As to its weight increasing action he states that the weight gained under its influence is much greater in proportion than it or any other oil could afford, even if digested and absorbed, and that petroleum is perfectly incombinable chemically, and indigestible, but the result of the experiments in this direction at once shows that though this be the case, yet when the emulsion is mixed with digested food material, the effect is very different. [H.H.C.]

5.—Robinson, in his article on the treatment of ...nitis, sugg... be follow...

1. U...
2. U...
3. U...
4. A...
5. V...
6. T...
7. P...
8. ...
9. ...

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with Hypophosphites
was used by Prof. White in
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(Session of June 14, 1892).

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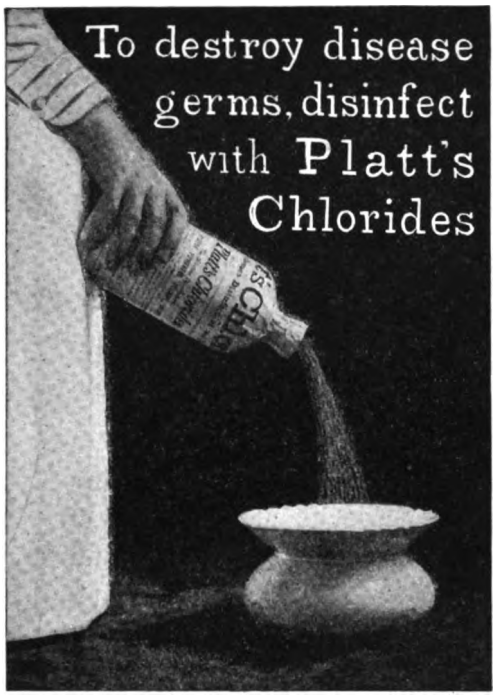

In an address on Pulmonary Tuberculosis read at the State Medical Association, Waco, Texas, Professor David R. Fly, A.M., M.D., stated: "The chief medium of contagion is the atmosphere impregnated with dry particles of sputum expectorated upon sidewalks, flooring, bed or clothes, etc. It is obvious, then, that those engaged in making beds, sweeping and dusting rooms occupied by tuberculous patients, are most exposed. This danger, however, can be materially lessened by sprinkling the rooms with a solution of Platt's Chlorides, one part to ten of water."

The cuspidor should be washed out daily with boiling water, and a mixture of one part Platt's Chlorides and four of water kept constantly in it to receive the sputum. The patient's clothing should be kept by itself, and thoroughly boiled when washed.

N. B.—Unreliable and dangerous imitations are often substituted by irresponsible druggists. Please instruct your patient to be SURE to get "Platt's Chlorides."

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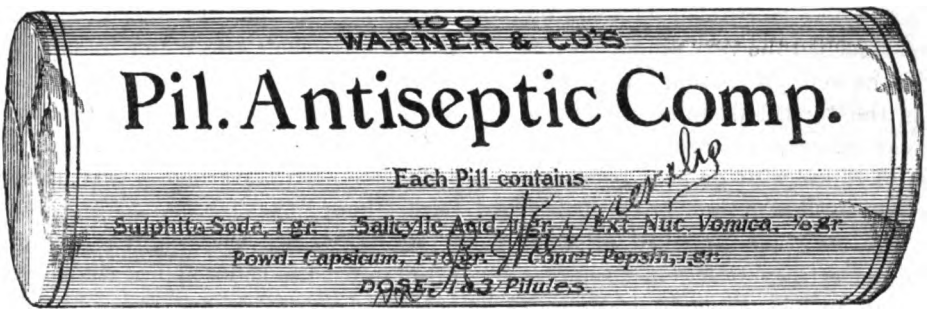
Indicated in DYSPEPSIA and INDIGESTION, particularly when attended with acidity of the stomach.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DOSE, 1 to 3 Pilules.

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Detroit men charged with counterfeiting trade-marks owned by Farbenfabriken, Bayer & Co., of Elberfeld, Germany. The professor is well known in the courts in the East, as he is almost invariably called as an expert in cases where the questions involved are similar to those that will come before the court in the Detroit case.

Herr Schweitzer is but 41 years old, yet he has reached the very pinnacle of success in his chosen profession. In appearance he is the typical dashing student of the German universities, ever ready to quaff a glass of Rhine wine or bock beer, and just as ready to fight a duel in the moonlight. The professor has traveled all over the world perfecting himself in his profession, but not until he came to Detroit did he realize the greatness of the Parke, Davis & Co. plant. He said he had heard of it in all quarters of the globe, and yet he did not expect to see such an enterprise in what he called the "middle west of a half-populated country."

Professor Schweitzer visited the plant yesterday afternoon, and this is what he says he found: "The greatest industry of the kind in the world, the greatest beyond all question. The biological department was astounding. The physical-assay work on animals is worth to a student a walk of one thousand miles. The scientific atmosphere is an inspiration and the ingenious machinery is a marvel. I was told that there were employed in the factory alone over 1500 people, and that the firm has 207 traveling men employed. There are five American branches, I was told, and there are manufacturing plants in England and Canada. In the English plant are employed 250 persons. There is nothing wanting in this plant for the production of powerful, accurate, uniform, and palatable medication. They have a circulating library for the employees, as well as an emergency hospital, and I understand the employees have decent hours and are well treated."

The professor was asked why such plants are not established in the old world. He said: "The reason is that in the countries of Europe every druggist is a manufacturer. He compounds his own medicines in the back-room of his store. He has his own laboratory, and there he experiments. Here it is different. If the druggists of the old world could have walked through the plant that I walked through to-day, they would no doubt have become discouraged, for they would realize that they could never hope to learn in a life-time what is learned in that institution every hour."

Professor Schweitzer will remain in Detroit until the cases before the courts are disposed of. In the meantime he will visit the University of Michigan. This is his first visit to this city, and he expresses himself as being charmed with the city and with its people. Attorney Allan H. Frazer, who is a friend of the professor, will see to it that he comes in contact with the bright side of Detroit life.—From the Detroit Journal, Tuesday, October 22, 1901.

A REMEDY PROPOSED FOR THE EVIL OF SUBSTITUTION.

By J. D. Williams, M.D.,
NEW YORK.

There can be no subject of more importance to physicians than the violation of their confidence on the part of a dishonest dispensing druggist. Law will not make a dishonest man honest, but the right law properly executed will prevent a criminal's further infliction of perjury upon society. The requirement of a license to all druggists who dispense drugs or medicines, revokable upon the licensee's being convicted of substituting any ingredient drug or medicine other than, and in lieu or instead of, that specified in the prescription, order, or request in writing, of any physician, would go a long way to aid in the matter

(Continued on Advertising Page 20.)

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A HYGIENIC LUXURY.

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"We have come to rely on it as one of the best drugs of its class."—Report to Governor of N. H. from State Insane Asylum.

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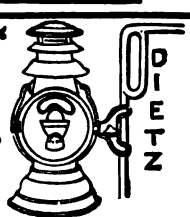

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Bromide and Iodide of Strontium in Basedow's Disease.

The bromide and iodide of strontium have fully justified Professor Laborde's high opinion of them, when first experimented with by him, and they are now taking the place of the corresponding salts of potassium and sodium, and are largely ordered by the younger and more progressive physicians. They are free from untoward effects on the heart, and do not derange the stomach as the potassium salts do: they also produce more energetic effects than salts of sodium.

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(Continued on Advertising Page 22.)

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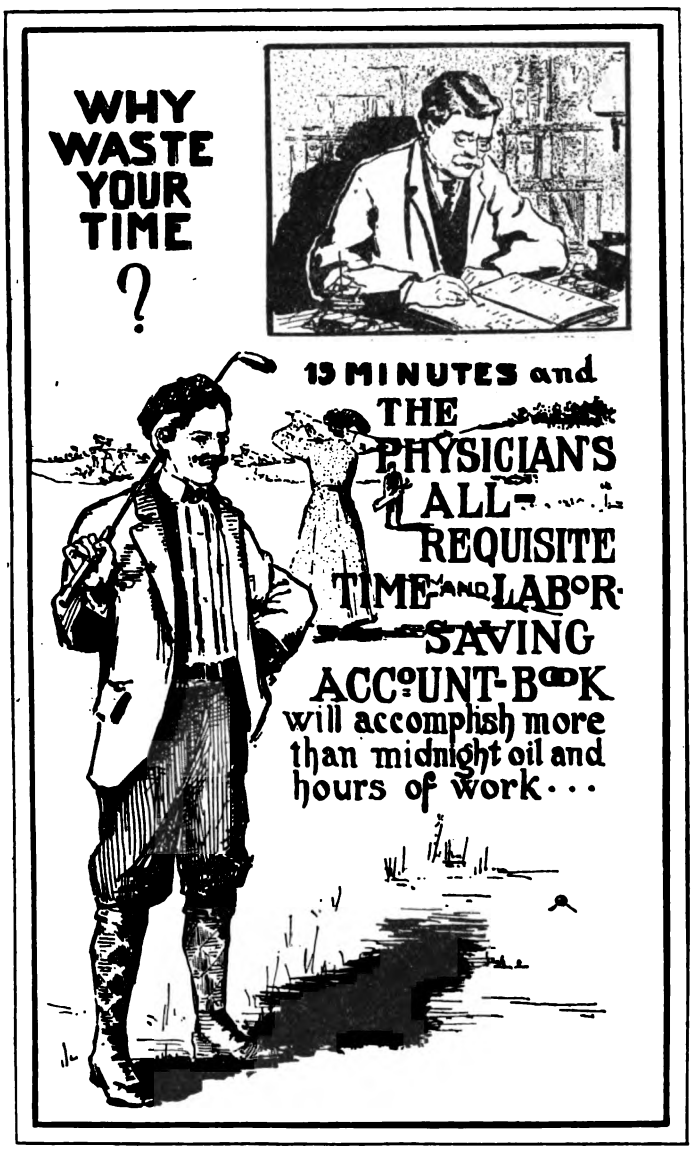
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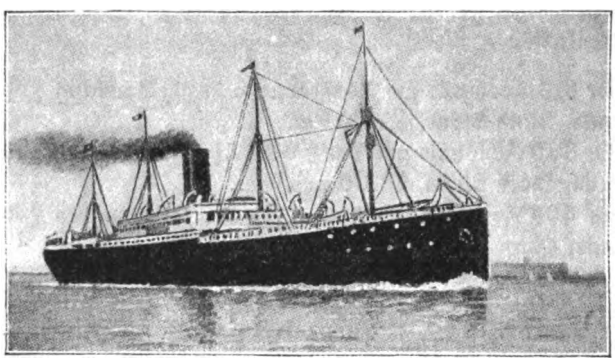

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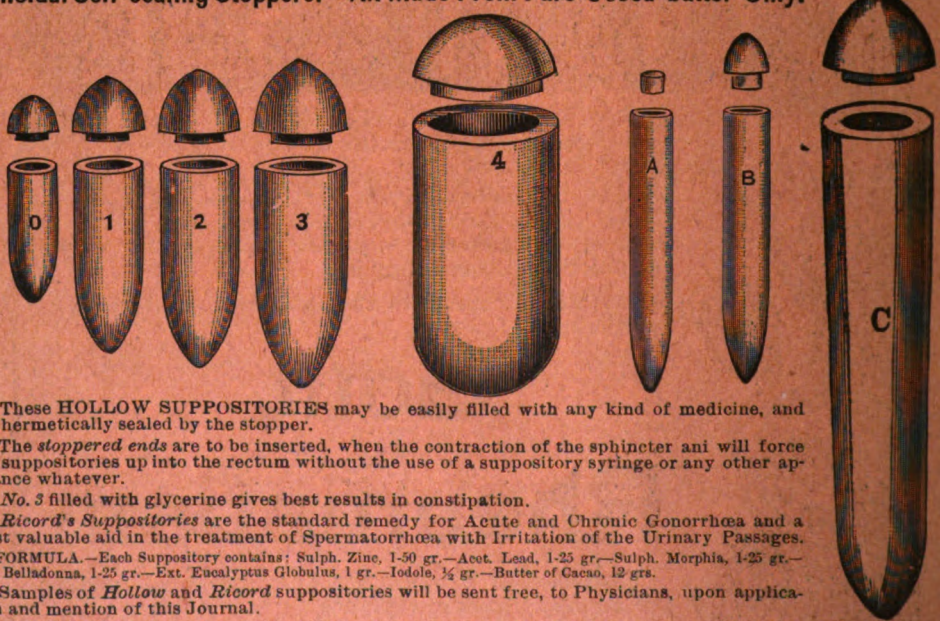

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